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ABSTRACT

Institutions have been slow to respond to changes in family life, and service delivery has mostly been limited to responding to crises and to treating problems. Family resource and support programs began emerging in the 1970s to fill parents' expressed need for more support. As part of this trend, the federal Family Preservation and Support Services Program will provide funds for early support services. This guide discusses issues in the design and implementation of family support programs. Chapter 1 describes the principles of family support programs, common supportive practices, and program components; and suggests that, unlike traditional service programs, family support programs emphasize a proactive approach to prevention, and that programs and structures are determined by family needs. Chapter 2 describes the planning of a family support program, which differs from, and is more demanding than, planning for more traditional human services. Elements critical to success at the state level, and steps for planning at the community level are described. Chapter 3 describes past and current funding sources, recommends ways to use funding to change human services delivery systems, and suggests that new funding sources may change the missions of local family support programs. Chapter 4, which comprises the bulk of the guide, contains profiles of 25 family support programs. Each profile gives an overview of the program and discusses the program's history, components, staff, constituent community and participants, goals, evaluation, funding, budget, governance, and replication. (TM)

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NATIONAL RESOURCE CENTER
FOR FAMILY SUPPORT
PROGRAMS

THE BASICS OF FAMILY SUPPORT:

A GUIDE FOR STATE PLANNERS (AND OTHERS)

Kathy Goetz & Shelley Peck, Editors

FAMILY RESOURCE COALITION

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First, and most importantly, we'd like to thank the programs included in this volume for patiently collaborating with us throughout this short but arduous process, and for doing the work they do every day to strengthen and support families.

This book was a team effort from its inception. Family Resource Coalition staff members Carolyn Ash, Kathy Goetz, Patricia Maunsell, Shelley Peck, and Bryan Samuels spent hours on the telephone interviewing program directors, pored over program literature, visited the sites of many of the programs included in this volume, wrote the first drafts of all program descriptions, and researched and wrote the book's introductory chapters. The Coalition's executive director, Judy Langford Carter, critically reviewed materials, supervised the process, and helped write and edit the preliminary chapters. Al Durham and Mary Faltynski at the U.S. Department of Health and Human Services read and reviewed early drafts and were responsible for the final decision about which programs to include in the book.

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In the course of researching this volume, FRC staff interviewed many more programs than we ultimately had space to include. We are deeply grateful to all the programs that contributed their valuable time and effort to this process. Special thanks to the program participants who spoke with us and allowed us to quote them here—they provide insight into the heart of family support programs. We also wish to thank all Coalition members and friends; without their unflagging support for this and other projects the Coalition would not exist.

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INTRODUCTION

There is no question that American families and society are in crisis.

The schools are under siege and are widely blamed for not producing an appropriate workforce for the 21st century. Drop-out rates are high in general and higher for minorities. The web of violence, gangs, and drugs is a way of life in the cities, but is rapidly moving into the suburbs and small towns. Rates for domestic violence, child abuse and neglect, teen pregnancy, and child poverty are escalating, especially in non-minority households. Diseases such as AIDS, tuberculosis, and even measles are taking a new toll on the lives of families. The conditions of our families, who are the most important players in determining outcomes for our children, are declining. Families generally have less time, less money, less basic health care, fewer friends and relatives close by, and more turmoil in the form of divorce, remarriage, and relocation than ever before.

Economic factors and large-scale budget cuts affecting schools and human services systems often add the anxieties of homelessness, unemployment, and lack of health care to the list of worries that families of all kinds are facing.

Unfortunately, both public and private institutions have been slow to respond to the changes in family life, to the needs they have engendered, and to their potentially costly and long-term repercussions. For the most part, the system of delivering social services to families is limited to responding to crisis. Resources are primarily devoted to treating existing, well-defined problems, rather than to developing the capacity of all families to avoid problems or to deal with them at an early stage.

People are being forced to investigate other ways of solving these pressing problems.

Family resource and support programs began emerging spontaneously in the 1970s as parents expressed their need for more support and people who worked with families realized that preventing problems was the most effective approach to providing services. These programs have continued to spring up through the 1980s and 1990s, and although their settings and the resources they offer vary widely, one goal is shared by every program: increasing the capacities of all families to nurture their children and of all communities to nurture families.

No one is claiming that family support programs hold all the answers for everything that is ailing American society. However, by building partnerships among the various community institutions, services, and other supports that already exist in every neighborhood and community, family support programs offer hope of providing a more complete and effective support system for families in danger of falling apart.

Using This Book

In 1993, the federal government took a first, but important, step toward addressing the current imbalance in federal funding that limits dollars for home- and community-based prevention and treatment, but grants states open-ended funding for out-of-home care for children from troubled families. The Family Preservation and Support Services Program will provide nearly $1 billion over the next five years for early support services to prevent abuse and neglect, as well as for more intensive services for families in crisis.

While a majority of states have established intensive family preservation programs, only a handful of states have developed preventive family support initiatives.

We hope this book will be useful to a variety of audiences, but especially to state and community policymakers (state child welfare agencies in particular) who will be responsible for gathering input, determining priorities, and administering their state's share of these new federal funds.

The three introductory chapters cover important issues in designing and implementing family support programs. Chapter One answers the question "What is family support?" It describes the principles underlying family support programs, and presents common family-supportive practices and program components. Chapter Two covers the basics of planning a family support program or initiative—from structuring state-level interagency partnerships to assessing local needs and resources. Chapter Three sketches a brief history of how family support programs have been funded, and recommends ways to use the current federal money to leverage change in the human services delivery system. Profiles of 25 different family support programs follow these introductory chapters. These programs range from state initiatives to free-standing community-based centers to demonstration projects to easily replicable curricula.

This book is intended to be only a snapshot of the diversity of family support programs that exist in small towns, suburban areas, and big cities. Each concise profile includes as much information as is currently available about program goals, activities, evaluation results, staffing and management structures, budget, and funding sources. Family Resource Coalition staff spent hours interviewing program staff on the telephone and poring over their most current literature. Staff followed this research with visits to most of the programs' sites. Profiles were then reviewed by the programs and edited by them for accuracy. The U.S. Department of Health and Human Services made the final selection of programs to be included in this volume.

Inclusion in this volume does not indicate an endorsement or even an evaluative judgment by the Family Resource Coalition. These are not necessarily the "best" programs in the country. The wide variety of programs described in this book will illustrate for state and community policymakers that there is no one "right" way to promote family support programs. Each program offers some important lesson or example to state and community planners, whether it be how to work with a specific population, how to operate in a specific type of community, or how to focus on a specific goal.

WHAT IS FAMILY SUPPORT?

Family support is not a "service" in the traditional sense of the word. It is an approach to working with families, a departure from traditional thinking.

In the traditional system of human services and schools, families are rarely visible: institutions serve individual children or individual adults. The other people in "clients" lives are important only when they pose identified problems to the primary recipient of service.

A family-focused approach grows from a logical sequence of beliefs: If the community and its institutions share the goal of better child outcomes, then they must use all the resources necessary to achieve those outcomes. And if, as research and common sense indicate, the family is the most important and effective resource available to any individual child, then the community and its institutions should make this resource the cornerstone of strategies to improve children's well-being. Finally, to fully realize the family's impact, all the resources that can make a difference in a child's life—families, schools, and service agencies—must develop a synergistic partnership.

Family support or resource programs emphasize a proactive approach toward the prevention of problems. To this end, they help families to function more effectively, and they foster a sense of family self-sufficiency and empowerment.

Each family support program is unique. There is no single model they follow. In spite of their diversity, family support programs are guided by a set of principles that reflect their reliance on partnerships with parents:

- The basic relationship between programs and family is one of equality and respect. A program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
- Participants are a vital resource. Programs facilitate parents' ability to serve as resources for each other, to participate in program decision-making and governance, and to advocate for themselves in the broader community.
- Programs are community-based and culturally and socially relevant to the families they serve. A program often serves as a bridge between families and other services outside the scope of the program.
- Parent education, information about human development, and skill building for parents are essential elements of every program.
- Programs are voluntary. Seeking support and information is viewed as a sign of family strength, not as indicative of deficits and problems.

Typical Components of Family Support

Family support programs operate successfully in diverse communities and settings. Many are separate, free-standing, non-profit agencies; others are sponsored by churches, hospitals, schools, day-care centers, colleges, and universities. Specific program content and structure are determined by the needs of the families being served, and are designed to complement already existing community services and resources. Most family support programs include the following:

Life skills training
This may include family literacy, education, employment or vocational training, or enhancement of personal development skills such as problem solving, stress reduction, budgeting, family management, and communication.

Parent information classes and support groups
These provide instruction in child development, parenting, and family life. They also offer parents opportunities to share their experiences and concerns with peers.

Parent-child groups and family activities
These provide occasions for parents to spend more time with their children.

Drop-in time
Parents have informal opportunities to spend time with staff members and other parents.

Childcare
This is usually offered for children whose parents are participating in program activities. Some family support programs also provide respite childcare.

Information and referral services
These link families with existing community resources.

Advocacy
Advocates may represent either individual families or groups of families in the community.

Newsletters
Newsletters provide information about program activities, child development, and parenting as well as listings of local events and resources for families.

Crisis intervention and/or family counseling
These services respond to parents' special concerns about their children or about specific family issues.

Auxiliary support services
Examples include clothing exchanges, emergency food, and transportation.

Practice

Family support programs are set apart from other services for families by the way they incorporate their basic principles into day-to-day practice. Family support services:

- Promote long-term relationships between staff members and parents that are characterized by warmth, responsiveness, and compassion. Wherever they are and for whatever reason they've come to the program, all parents receive a warm welcome and an enormous amount of loving care from staff who have been trained to do what-ever it takes to encourage and support the parents who walk through their doors.
- Incorporate a variety of educational experiences for parents, which offer them opportunities to increase their knowledge and understanding, examine their habitual ways of thinking and doing things, and make positive changes.
- Meet parents "where they are." The most effective programs are planned with the involvement of the parents themselves to assure that they are relevant to their specific interests, concerns, and needs. Program strategies may span from very structured parent education classes to self-help and support groups, from home visits to parent-child activities. Educational or media campaigns are a common element.

FAMILY SUPPORT AT-A-GLANCE

Family support programs are open to all families. Building on a premise of providing universal access to service within communities, family support programs may also target populations within communities and provide special outreach to these groups.

Family support emphasizes skills building. Parent education classes help build family strengths and support networks and encourage parents to develop life skills and an understanding of child development.

Family support takes a holistic view of families and their needs. What began as support for parents whose children were ages zero to three now includes families with children through their teenage years, as well as families that are confronting issues of intergenerational care. Because programs are sensitive to the fact that families operate within and are affected by the communities in which they live, family-supportive programs address community issues as well.

Family support programs operate in diverse settings. They may be located in community centers, schools, hospitals, or free-standing centers. Many programs also offer in-home services.

Family support programs operate by building relationships. Programs engage families where they are. Staff work to earn families' trust and to maintain and develop relationships over time. Family support programs also create a flexible environment that can respond to changing staff needs. By building linkages with other human service providers in a community, they advocate a comprehensive approach to providing services to families.

Family support programs work in sync with communities. They tailor the services they provide to meet the needs of participating families. Family support programs engage systems and policymakers in rethinking the role of communities in supporting families.

- Utilize a "building on strengths" approach: a perspective that assumes that all families have strengths and that these strengths are building blocks for growth and improvement. They shun a "deficit approach," which focuses only on problems: identifying, analyzing, correcting them.
- Acknowledge and address the context in which families exist, appreciating and valuing each family's community, culture, and individual traditions, values, and lifestyles. Insofar as it is possible, staff members are representative of the participant population.
- Work with parents as partners, appreciating the value, role, challenges, and satisfactions of parenthood. Family support services balance parents' need to learn information and skills with their need to receive attention and be nurtured.
- Are responsive to the practical needs of parents who participate. They provide childcare while parents participate in program activities, scholarships when programs charge fees, transportation as needed, and convenient meeting locations.
- Incorporate outreach efforts to recruit families into the program, inform the community of their existence, and promote collaboration with other agencies, services, and organizations.
- Establish referral and collaborative/coordinating networks with other resources, services, and institutions that serve families.

Family Support and Service Integration

Family support is often used as a mechanism for integrating services at the local level.

Strong family support programs are built from the bottom up. They begin with an extensive planning process involving many different state and local government agencies, community-based organizations, private businesses, parents, and front-line workers. Planning includes an inventory and assessment of current community resources and needs.

Family support programs strive to utilize a wide variety of different community resources as well as public and private funding streams. While a family support program may not provide everything its families may need, it can refer them to other appropriate services in the community.

THE PLANNING PROCESS

The planning process for family support services presents a different set of challenges than does planning more traditional human services. From its beginning, the planning process at the state and community levels is *difficult*. Developing an exemplary family support program permits no shortcuts. Past experience shows that family support program development requires the participation of many different state and local agencies, academic disciplines, and service delivery systems. Collaboration must occur at both the state and local levels, as well as between these two levels.

Most collaboration participants will find the type of planning required for a quality family support program far more demanding than anything they have previously undertaken. Their success will depend upon their individual and collective willingness to share responsibility and authority. If individuals are not very familiar with one another, initial planning sessions will be time-consuming and process-intensive. Members will have to learn how to build consensus and set group goals. Most important, the group will have to learn how to use their individual goals and expectations to generate momentum toward a shared vision.

In order to make progress in this type of collaborative effort, organizations' boundaries must be changed, individuals' biases must be set aside, and bureaucratic barriers must be eliminated. As a rule, the most successful family support initiatives are effective because all of the individual members and organizations involved are willing to relinquish some of their individual control and authority in order to progress toward the greater good of improved lives for children and families.

Planning Process

The planners of any statewide family support initiative are always challenged to strike a balance between community autonomy and top-down prescription. The relationship between the state and community must be a true partnership, where each learns from the other. The state cannot maintain a position as the "boss" of the collaborative effort. This partnership will require both state and community to assume responsibility for their actions, but they must jointly decide how to assign responsibility and accountability.

In most cases, the state sets a framework of program goals and objectives, core service requirements, and administrative guidelines. It allows communities the flexibility to determine WHEN, WHERE, and HOW to provide services. The success of a community-based family support program lies in its uniqueness: its tangible "ownership" by the people who participate, its reflection of the values of and opinions of its community, and its ability to draw upon and innovatively utilize available community resources. The states that resist the urge to overprescribe the program model are most likely to empower community planning groups to succeed.

State-Level Planning

The Family Preservation and Support Services Program provides an opportunity for states to develop creative plans and solutions for improving the well-being of vulnerable children. This program expects states to bring together a broad range of professional experts, front-line workers, and service participants to work collectively toward the development of a more effective service delivery system. The program has potential for being an effective mechanism through which states can coordinate current state and federal services, by more effectively using existing funding streams and by reorganizing services within state agencies.

Congress clearly intended the Family Preservation and Support Services Program to act as a catalyst for creating a more rational and coherent system of support for vulnerable children and their families. In order to achieve this goal, states will first need to focus their energy on developing a state-level strategic plan. The legislation allows states to use up to one million dollars in the first year to develop a five-year plan for integrating family preservation and family support practices into their service delivery system.

The challenge for each state's strategic planning effort is to find a way to encourage innovation and to provide maximum flexibility for programs at the local level, while assuring that the local level is accountable to the state. Fortunately, states have a great deal of latitude in developing their own strategies to achieve the goals of Congress.

While it is not possible to fully discuss the state-level planning process in this document, there are three areas that should be given particular attention:

❶ Planning the system with an emphasis on collaboration, ensuring cross-systems involvement and crucial input from potential participants in the program;

❷ Understanding basic family support principles and applying them in all aspects of planning and implementation; and

❸ Proposing a realistic evaluation strategy that will aid in the long-term evolution of the service delivery system.

Addressing these three elements is critical to the long-term success of any statewide family support system.

1 Collaboration

Given the objectives set forth by Congress, the composition of the state-level planning team should include the public and private decision-makers who have a stake in the system. It is also essential to involve local communities from the very beginning in order to ensure that the new system meets the needs of the people who will use it. For this reason, the state-level planning team should include both those in need and those who have the power to implement meaningful change.

If the Family Preservation and Support Services Program is to achieve its purpose, the state-level planning team must focus on interagency collaboration among and within state health, education, and social service agencies.

In the last few years, collaborative efforts have become very popular. At the state government level, as well as in community coalitions, people recognize the need to conserve limited public resources. Most people argue that it's in the greater interest of all parties to pool resources and coordinate the delivery of services to families. Experience shows, however, that the majority of interagency collaborative efforts eventually focus only on better communication and coordination. **Communication** can help people do their jobs better by providing more complete information, but it does not require any joint activities. **Coordination** involves joint activities, but allows organizations and individuals to maintain their own sets of goals, expectations, and responsibilities. **Collaboration** among agencies, however, requires the creation of shared goals to guide the collaborators' shared actions. As a rule, state-level collaborations succeed when all parties are willing to relinquish some of their individual control and authority.

There are four important elements to effective interagency and/or intra-agency collaboration:

> First, interagency planning groups will succeed if they include individuals with significant decision-making authority. Too often, task forces and coordinating councils fail because the individuals with the authority are not members of the group, or they send representatives that have no power to make long-term commitments.
>
> Second, interagency groups will succeed if their members have adequate incentives to collaborate. The process of collaboration is difficult and time consuming. In order for individuals to remain committed to the collaborative process, the short-term benefits of participation must be greater than the short-term cost. This means that if agency people are not offered incentives, such as being relieved of other duties and/or compensated with overtime pay or peer recognition, they will simply stop contributing to the work of the group. This is often called the "free rider" effect.
>
> Third, collaboration will succeed if group members feel protected or insulated enough to make recommendations that call to question the work of other group members or specific authority figures within "the system". Real collaboration requires tough decisions. If group members don't feel safe, they are most likely to make recommendations that aim at communication and coordination but fall short of true collaboration.
>
> Fourth, collaboration often succeeds when a single individual or organization is given the responsibility for scheduling meetings, setting meeting agendas, and keeping everything moving forward. This is the role of a facilitator. The facilitator is the individual or organization in the collaborative who can bring diverse ideas together and assist the planning group in working toward mutually identified and achievable goals. It is important that the facilitator and his/her organization be viewed as a neutral party with no vested interest, and therefore one that can effectively bridge the gaps between all members of the group.

In summary, experience shows that state-level collaboration efforts succeed when they involve shared decision-making and responsibility by all interested parties, and a neutral individual or organization who can keep the planning team's energy focused on positive change.

2 Family Support Practices

Although the basic family support principles are discussed in the previous chapter, it is worth restating them here in a way that is useful for state-level strategic planning. There are basically five family support practices: family-focused, family-empowering, family skill-building, culturally responsive, and community-based. As the definitions below will indicate, family support practices have direct implications for policymakers and can serve as guidelines for reorienting more traditional state and federal services for families:

> **Family-focused** programs, policies, and service delivery models are based upon the belief that the primary responsibility for the development and well-being of children lies within the family. Families exist as part of an ecological system. Children cannot be seen as separate from their families, nor families separate from their communities or from the greater society. Decisions made on behalf of children must integrate and acknowledge their interconnectedness to the social-ecological system in which they live.
>
> **Family-empowering** programs and policies focus on competence building which enables families to help themselves and their children. This approach responds to family strengths rather than family problems and deficits. Empowering services provide opportunities for families to develop their competencies and sense of independence and self-determination.
>
> **Family skill-building** includes those services, activities, practices and program components which build and enhance the life and family management skills of each family member. The programs and policies that emphasize skill building aim not only at making sure each family member has the interpersonal skills necessary to function within the existing family structure, but also at building families' capacity to anticipate and respond to the regular demands of the larger society.
>
> **Culturally responsive** programs and policies honor and respect the *cultural beliefs, interpersonal styles, attitudes and behaviors of families* and are responsive to the cultural context in which families live and raise their children. Programs and policies that respect cultural beliefs find ways to use those beliefs as strengths that can be built upon.
>
> **Community-based** programs and services are easily accessible and are located in close proximity to families. Community-based programs and services are also *governed* by the people who have a stake in the well-being of families in that community. Policies that emphasize a community-based delivery system recognize the important role that strong service networks play in healthy communities.

It should be clear from these definitions that family support practices should enter into any discussion about restructuring state-level policies. These practices provide a foundation for determining how health and social service are most effectively delivered to children and their families. Take family skill-building for example: If a state were planning to contract out for comprehensive case-management services, the request for proposal (RFP) would not only discuss what services agencies would be expected to provide. The RFP would also indicate how those case management services should be provided so that they would build a family's capacity to access needed services for themselves in the future.

3 Evaluation

Each state will need to develop its own strategy for evaluating the strategic plan's impact on the larger system and for conducting an extensive outcomes evaluation. All evaluation strategies should include a means for assessing how effectively the collaborators have implemented the new system. System goals and objectives should be reviewed over time to determine whether reforms are being successfully integrated into the existing system. Collaborators will need to determine why given goals and objectives are not achieved. They will also need to decide what impact the failed goals and objectives will have on the long-term success of the initiative.

It is important that the state-level planning team involve community-level planning members in developing the evaluation tools, particularly those aimed at assessing outcomes. Outcome evaluation is a new process for state *and* community agencies. For that reason, state and community planning members should work together as partners in the development of the evaluation tools. The role of the community is a particularly important one, to ensure that the outcome evaluation tools actually measure the program goals and objectives agreed to by the community process. Another reason to involve community-level program providers is their often stated view that the state evaluation process is a threat to their program's integrity. By encouraging community involvement in developing tools, the state can foster a more open atmosphere in which careful inquiry and constructive criticism lead to innovative organizational change.

Finally, each state's evaluation strategy should detail how participant satisfaction will be measured and how the results will be integrated into future goals and objectives of the state and community. Evaluation should be a continuous process with changes in the state and community systems implemented annually. The more closely the collaborators monitor the participants' satisfaction with the program, and make responsive changes, the more likely they will be to avoid major problems.

Planning at the Community Level

The planning process for a strong family support program should take place in the program's targeted community. These steps should be taken at the community level:

❶ Establishing a planning committee

❷ Assessing community needs and resources
  a) Developing a community profile/baseline
  b) Identifying problems
  c) Assessing resources

❸ Determining rationale and mission

❹ Developing goals and objectives

❺ Designing the program

1 Establishing a Planning Committee

The planning process begins with establishing a planning group. This committee should include key public and private decision-makers: those people who have the power to actually change the system. It should include representatives from public bureaucracies, private-sector service providers, corporations, foundations, and advocacy groups. In addition, community involvement is essential. If future participants are involved in the process from the very beginning, they will help ensure that the new system meets the needs of the people who will use it. Systems designed by clever grantwriters without substantial, meaningful participation of ALL the potential partners from the outset are much less likely to succeed.

Special outreach efforts should be directed to secure participation of low-income parents and youth targeted by the program and those service providers who will be directly involved with families using the program—including school, recreation, health, and social service personnel. School professionals and service providers who may ultimately collaborate with the program should be involved in hands-on planning and decision-making whenever possible.

If these essential people cannot directly participate as members of the planning committee, planners should elicit their input by other means during the design phase (e.g., focus groups, surveys, and interviews). In many cases, the very parents and youth whom the program is designed to serve are the most reluctant to be involved with planning the services. To achieve the community involvement needed for the center to be successful, creative ways should be sought to connect with hard-to-reach parents and children for input during the planning process.

2 Assessing Community Needs

Developing a Community Profile/Baseline

Before community planners can identify and discuss the problems that exist in the community, they must first develop a profile or "snapshot" of the community. This profile contains demographic information that describes the broad range of characteristics that define the community. This profile should include at least:

Community Overview
Geographic and population size
Ethnic make-up
Per capita income
Percent of people living below the poverty line
Number of families receiving AFDC
Number of children, by one-year age groups

Education
Percent of kindergarten students not school-ready
Size of Head Start–eligible population
High school graduation rate
Mobility rate
Number and percent of students held back/retained

Nutrition
Number of families eligible for WIC
Number of families in WIC
Number of families eligible for Food Stamps
Number of families receiving Food Stamps

Medical Health
Number of premature births
Number of low-birthweight babies
Number of births to single women
Infant mortality rate
Number of children not fully immunized
Number of children with developmental delays
Number of special education students
Medicaid-eligible population
Number of people enrolled in Medicaid

Child and Family Welfare
Number of child abuse and neglect reports
Number of confirmed child abuse and neglect cases
Number of out-of-home placements

Compiling this information helps establish the context in which families live and work. This portrait of community conditions is also important because it establishes a baseline from which to measure the effects of family support services on the well-being of people. Now that the 1990 census is available on a state, county, and census tract basis, baseline information on children and families should be part of any community's profile. This information is available in table form by census tract through the census bureau and its local and state repositories.

NOTE: Many communities already have conducted community needs assessments and have developed inventories of community services. Some of this work can be adapted for family support planning. Most communities, however, will need to gather additional information as well as different types of information than has been collected previously.

Identifying Problems

The next step in the planning process is to distinguish community conditions from community problems to allow a community to target its resources to addressing problem areas. Community conditions become problems when individual residents or groups of residents judge them to be negative, harmful, or pathological. Not all people, however, will agree upon what constitutes a problem. Therefore, it is important to know who is determining that a condition is a problem, and why.

In most situations, a community can reach consensus about its problems by asking the following seven questions:

❶ What are the conditions that define the community or individual neighborhoods?

❷ Which of the conditions do the community or neighborhoods define as problems?

❸ What are the dimensions and causes of the problems?

❹ What are the characteristics of those areas or individuals that suffer from the problems?

❺ How many people are affected by the problems?

6. Can the problems be located geographically?
7. Is race or gender associated with the problems?

Clearly, identifying problems is more of an art than a science. It is vitally important to the problems-identification process that all views be considered when determining what conditions to address.

Assessing Resources

A comprehensive resource assessment measures the service system's capacity to meet the needs of children and families. It is an inventory strategy to collect a large amount of information about the parameters of the total community service system. The community uses the resource assessment process to determine whether the existing system is functioning at capacity, whether specific agencies in the system are capable of serving more people, and whether services overlap. The resource assessment compares the level of need identified in the problem identification process with the capacity of existing programs and services.

A comprehensive assessment begins by identifying all private and public agencies that offer assistance to families in the community. First, it should document all publicly funded services available to children and families in the community. Next, it should identify services available through non-profit and private agencies. Third, it should list potential private resources. The assessment should also include informal networks of parents, parent education groups, child abuse prevention councils, substance abuse prevention networks, and other resources that exist outside formal organizations. This documentation should include relevant information such as eligibility requirements, business hours, and availability of public transportation.

After a picture emerges of needs of families and what services are available to address those needs, the planning committee will need to go beyond a simple listing of services. It should develop discrete and meaningful categories that allow it to group services by function and purpose, by eligibility criteria, and by their perceived overall capacity to meet greater demand.

An assessment of the service capacity of individual agencies and of the larger system should ask identified agencies the following questions:

Who is served?
What services do they receive?
How many people are served?
When are they served?
Where are they served?
What are the requirements to receive services?
What do services cost?
What is the service capacity of the agency?
What limitations does the agency have?

Again, the goal of family support programs is not to compete with service providers but to complement their work and build upon their strengths. A comprehensive resources assessment may be the best means of ensuring that state funding is spent as efficiently and effectively as possible.

Although the planning committee will find collecting this information surprisingly difficult and time consuming, developing an accurate picture of a community's problems and needs is one of the most important components of the planning process. All subsequent decisions will be based on this information. The better the committee's information, the more likely the new plan will meet the real needs of the community.

3 Determining Rationale and Mission

Once a planning committee has been established and it has completed a community needs assessment, that committee should agree on a written rationale and a mission statement for the program it envisions. The rationale statement should answer the following questions:

- WHY do you need this program in your community?
- WHY are the specific problems you hope to solve best solved through a family support strategy?
- WHY are the identified problems not being adequately addressed through the existing resources in the community?

The mission statement should answer the following questions:

- WHAT is the unique role of the family support program in your community as it relates to other supportive services for families?
- WHAT is the vision for the center as it develops?
- WHAT do you hope to accomplish by having the center in your community?

These statements are important for developing and implementing a successful program. They should emerge from a consensus of the people guiding the planning and implementation process and should guide programmatic decisions from this point forward. Every program decision should consider the questions WHY ARE WE MAKING THIS CHOICE? and WHAT DO WE REALLY HOPE TO ACCOMPLISH? The rationale and the mission can help resolve sticking points that emerge in the program design or in constructing a budget to support it.

4 Developing Program Goals and Objectives

Once the planning committee has determined the overall rationale and mission, it next must translate those general statements into specific goals and objectives for the program workplan. Once they have determined the type of services needed in their community, they should develop a detailed outline of service components or elements. The committee should think concretely about exactly what will be accomplished, how, and for whom. These "whats", "hows", and "whoms" should eventually become the program's statement of goals and objectives. Goals are statements of the expected long-term outcome of the service intervention. The following is a list of goals typically associated with family support programs:

- To increase the capacity of families to be self-sufficient
- To promote the healthy growth and development of children by assisting families to identify and address any home or community barriers to a child's success in school and in the larger society
- To assist families to develop parenting skills that promote the optimal development of children
- To ensure that families have access to and are connected with appropriate community resources and receive from those resources the help they need

- To encourage social support linkages and networks among families, thereby reducing *isolation and promoting family involvement in broader community activities*
- To improve the quality of family relationships, including marital, parent-child, and sibling; and relationships of family members to their external community and its institutions
- To promote youth's progress toward capable and productive adulthood by helping them recognize their individual and family strengths and address problems that block their success in school and in the larger society
- To assist youth to make effective use of community resources, including social and health services, employment and training services, and positive youth development services
- To promote supportive peer group relationships among youth, their families, and other people in the community.

Planners should adapt these goals to their local communities' needs assessments.

In contrast to goals, program objectives focus on short-term accomplishments or benchmarks that indicate the program's progress toward its overall goals. Statements of objectives often discuss incremental steps to achieving long-term outcomes. It is important for objectives to be concise, targeted, and measurable. The planning committee should ensure that each objective is: 1) stated clearly, 2) targeted at a specific result, 3) able to be measured or quantified, 4) tied to a specific timetable, and 5) assigned to a specific individual or organization for development or implementation.

Objectives should also reflect the programmatic tension that will develop between the program's attempts to create a welcoming environment and common activities for all families and its efforts to reach those families who are not likely to initiate contact with the center. Most programs will assign top priority to children, youth, and families with the most urgent needs. The program's objectives should reflect how it intends to address the described priority.

Objectives should explicitly state what programs hope to achieve. Working out one highly collaborative, effective agreement between the program and one essential service provider may be a realistic and therefore adequate objective for the first year.

The workplan should connect needs (as identified by the assessment) with goals and objectives adopted by the program.

Programs will grow and change over time as the relationships behind them evolve. The goals and objectives called for in the workplan should reflect both the developmental nature of the program and the time required to develop effective working relationships with families and with other service providers.

5 Designing the Program

Goals and objectives together with their related tasks and timelines form the skeleton of the workplan. Program components must be defined, along with other activities essential to the center's success. But a workable family support program contains many other components.

An innovative program which is based on a new configuration of relationships among service providers, on the marketing of a new idea to a whole community, and on substantial input from a newly selected council requires a lot of time to establish itself. Building relationships among the various partners in the center is just as critical in the early stages as is building relationships with the parents and students who will use the center. Whether or not the workplan lays out the specifics of training and team-building, they are essential to the long-term success of the program. The program cannot work unless it explicitly focuses on building relationships and allows time for the relationships to become effective partnerships. Although planners will be eager to begin services and show results quickly, they should be cautious about taking on too many things at once before the program is firmly established.

The needs/resources assessment and the goals development process should provide the basic information necessary for taking the next step in designing the program. Before planners can finally translate the community assessment into a specific program design they need to address the following questions:

❶ What services are available? Where are the gaps in services?

❷ What services should have a high priority according to the needs assessment analysis? What services should have a low priority?

❸ What services could be provided directly by the program? What services would be provided by referral?

❹ How will services be provided by the program? Can other providers work at the program site? How will services be provided by referral?

Three short community descriptions are provided below to illustrate how the community planning process might culminate in the development of different types of family support programs:

Community A

The local elementary school wants to develop a family resource center. The community is service/resource-poor. It has very little preschool or after-school childcare, and no support and training for childcare providers. The community offers very few parent training opportunities, but the school does run a literacy program for parents. Although health care resources are adequate, access to these services is difficult and they are therefore under-used.

The community is rural, with families living some distance from each other and from available services. A majority of the families are two-parent families living at or below the poverty level, with at least one parent not working outside the home. Families in the community experience a high rate of health problems, alcoholism, and domestic violence. Because many of the parents of the families are not working, childcare is not deemed a high priority as a program component. Health care is considered a high priority.

Program planners realize available funding cannot finance completely new service programs. Instead, they decide to earmark $10,000 from the school budget to supplement the existing parent literacy service. The money will be used to hire a home visitor who will work closely with the literacy program to recruit families to the program. The home visitor will also reinforce learning experiences from the program during home visits, introduce learning activities that parents and elementary-school-age children can do at home, and facilitate the families' use of existing health-care services. A small part of the budget will be used to establish Alcoholics Anonymous and other self-help groups at three community churches.

Community B

Community B is an economically depressed, mid-sized town. The community has a well-established, effective Community Action Program (CAP) which makes health services and survival services available in the community. The CAP agency also administers several day-care programs and a Head Start program, although all these programs have waiting lists. The community offers no school-age childcare and no programs providing parenting services.

Families in the community are working poor, many involved in seasonal employment. Single females head most households, and the community is experiencing an increasing rate of teen parenthood. Stress always puts single-parent families at risk, and the increasing rate of child abuse in the community confirms this.

Preschool childcare and school-age childcare are high priorities because most of the single parents must work to support their families. Parent support to assist parents in coping with related stress and child-rearing issues is also a high priority. Health care and other social services are a low priority because they are provided by the CAP agency.

The planning committee concludes it needs $40,000 to fund a family support program that will have two components: 1) a day-care referral and provider training program and 2) a parent resource and support program. The CAP agency will provide space for a resource center or library of materials that could be used by both day-care providers and parent groups.

The day-care referral and training program would work within the community to establish family day-care homes for both school-age children and preschool-age children. This program would also coordinate and/or provide ongoing training and support for family day-care providers as well as day-care providers at existing day-care and Head Start programs. The parent resource and support program would operate life management skills classes, parent support groups, family events, and parent education groups at both the center and at day-care program sites. The family support program will maintain close coordination with the CAP agency and cross-referrals will be made for all families using the CAP agency and the family resource center.

Community C

Community C is in an urban area. While the community itself offers few services, services exist scattered throughout the city. These services, however, are not conveniently located or easily accessible to the residents of Community C.

The city has a large number of preschool childcare programs, but few school-age childcare programs. The city does run one parent literacy program and a parent education program. Health services and social services are also available. The city is also funding and operating a successful employment counseling, training, and placement program for youth, but this service is located in and serves the residents of another community in the city.

The residents of Community C live at or below the poverty level. A large number of families in the community rely on public aid; the statistics show that many of them develop a long-term dependency on public aid, with second and third generations dependent on welfare. The families in Community C are large, with an average of four children each. The youth in the community abuse drugs and alcohol at an increasing rate. All services are a high priority for this community.

The planning committee submits a grant proposal to a community foundation for $90,000 to fund a family resource center in Community C. The center is to be located in a storefront that is easily accessible to all community residents. The program will be built around a strong information and referral service with one full-time staff person to work as a family advocate. Referrals will be made to day-care and Head Start programs and health services in nearby communities. The program planners have worked closely with the city family services agency and with the parent education program. These two organizations will provide parenting groups on-site. The family service agency will also provide, on a small sub-contract, family crisis intervention, a teen/parent communication workshop, and counseling at the center.

Program planners have also made arrangements with the city's employment training program to allow 20 youths from Community C to attend the nearest program. The planners are negotiating with the city to fund a similar program at the center in Community C; they plan to have the program operating within a year. Funding from the grant will allow a drug abuse prevention program initially funded by federal substance abuse prevention money to be expanded in the high school and to reach out to elementary schools. The center will also be seeking additional foundation grants to open a school-age childcare program in the community.

FUNDING FAMILY SUPPORT PROGRAMS

Funding for community-based family support programs and the family-supportive approaches they pioneered has changed dramatically since the earliest days of the programs. From the beginning, however, funding for these hard-to-pigeonhole programs has been as creative and diverse as the programs themselves: pulling together money from diverse sources, crossing categorical funding lines, mixing public and private funds, building on what participants could bring or raise. The sources of ongoing funding today are slowly becoming more reliable and institutionalized as programs stabilize and the ideas behind them are more widely understood. Public funds are more readily available from a variety of sources as public systems more widely utilize the comprehensive, preventive family support approach.

Funding Initial Innovations: Largely a Private Affair

The earliest center-based family support programs, such as Avance in San Antonio, Family Focus in Chicago, The Family Place in Washington, D.C., and Parents Place in San Francisco, began in the late 1970s with support from individual donors and local charitable or religious organizations including small grants from local foundations.

Utilizing Federal, State, and Local Funding Opportunities

As family support programs grew in number and developed in a wide array of community settings, the principles of program flexibility and responsiveness positioned them to utilize a variety of different funding opportunities from federal, state, and local sources. When gang intervention and prevention funds became available through these sources, for example, many family support programs found that applying for these funds fit easily into the mission that had evolved in their own communities. While the programs themselves sought out funding from these sources, the funders benefitted from using well-established bases for providing their community-based services. In a similar way, teen pregnancy prevention funds and maternal and child health outreach programs found effective partners in existing family support programs. Virtually all family support programs today in low-income communities take advantage of these sources of discretionary funds to assist in their programming.

Funds for family support services have also been linked to housing initiatives, welfare-reform and economic self-sufficiency initiatives, and Head Start programs as more and more organizations realize that the challenges facing families with multiple needs are interrelated. Programs are recognizing that most families with inadequate incomes need not only job training, but also a range of social and psychological supports. Cleveland Works (pg. 27) is a welfare-to-work program which, as part of its services, runs a Head Start childcare center which provides parenting education classes. Since Head Start mandates parenting education, many family support programs have been able to incorporate Head Start into their programs.

Partners for Success (pg. 115) is a demonstration project designed to test the efficacy of using family support to help formerly homeless families make the transition to permanent housing. Although privately funded, this program demonstrates the link between helping families to secure permanent housing and supporting them in other ways.

MICA (Mid-Iowa Community Action), in Marshalltown, Iowa, was founded as part of President Lyndon Johnson's War on Poverty. Its mission is to increase the capacity of families to rise out of poverty. To achieve this mission, MICA pioneered and is still committed to its family development program, which offers comprehensive home-based family services. MICA has long recognized that family support extends far beyond primary prevention: it is an important intervention for promoting economic self-sufficiency.

Children's Trust Funds, established in some form in each state, provide funds for local child abuse prevention programs through state-generated funds (usually income tax refund check-offs) and Federal Challenge Grant funds from the National Center on Child Abuse and Neglect. Many of the programs funded through this mechanism turn out to be local family support programs. Wisconsin's Children's Trust Fund has managed to obtain legislatively appropriated funds in addition to its original program funds to support a network of eight family support programs in that state.

Increasingly, family support programs are forming linkages with child welfare agencies. For example, New Haven's child welfare department funds New Haven Family Alliance (pg. 102) to provide culturally responsive, community-based case management. Center for Family Life in Sunset Park (pg. 39) runs a neighborhood foster family program, funded by the New York City Department of Health and Human Services, which has been identified by the Annie E. Casey Foundation as a national model. As part of this program, children who are removed by the city from their homes are placed with families in the same neighborhood and one social worker works with both the birth parent(s) and the foster parent(s) towards reunification or permanency planning for the children.

States Get Involved

In some states, public agencies with a particular mission in mind have helped to establish new family support programs using the lessons learned from the early community-based programs and new state funding for these special initiatives. Oregon, Colorado, California, and Washington, among others, all have new initiatives in development. Two state examples illustrate how some states fund family support as a strategy for addressing different issues:

Oklahoma's Early Childhood Development and Parent Education Program (pg. 47), administrated through the Oklahoma Department of Health and available in 42 counties, began in 1974 as a primary prevention effort available to all families with children up to age three, funded through the child abuse and neglect challenge grant program.

The state of Maryland, in an effort to address a very high teen pregnancy rate and the complications for mothers and babies this rate represents, established and funded Friends of the Family (pg. 76), a statewide public-private partnership, in 1985.

While examples of family support initiatives exist in many states, three states have committed state funds for family support services for all families in the state. These three—Minnesota, Kentucky, and Missouri—are profiled in this book (pg. 51, 67, 110). In all three cases, funding was obtained through linkages to the educational system. The educational system seemed a logical "home" for family support services for several reasons: 1) school readiness has proved to be a good indicator of later academic success, which in turn contributes to removing families from risk, and family support programs can help parents prepare children to be ready to enter kindergarten; 2) all children go to school and there is a school attached to every community, so schools are logical dissemination points for family support services; 3) of all human services systems, education is the one least focused on remediation and as such has a philosophy most similar to the family support approach.

- Minnesota was the earliest pioneer, with its Early Childhood and Family Education program beginning a pilot phase in 1971. In 1984, the legislature authorized state education funding for the program in every school district in the state through the community education division of the state department of education. From the beginning, the program was designed to provide parent education, parent-child interaction activities, and early childhood education for all families with children from birth to kindergarten enrollment.
- Missouri's Parents as Teachers program, now replicated in many other states, began with foundation funding in partnership with the Missouri Department of Education in a few pilot sites in St. Louis. All mothers and fathers with children from infancy through three years of age, regardless of income, were offered the opportunity to learn how to be more effective parents.
- In 1990, the state supreme court in the Commonwealth of Kentucky ruled that the state educational system was unconstitutionally discriminatory and had to be completely reconstructed by the state legislature. As a result, the Kentucky Education Reform Act of 1990 included a new statewide program with funding to go with it: a family resource or youth service center for every school where more than 20 percent of the children were eligible for free or reduced-price lunch. The implementation plan included the elements of family support that have been pioneered in many community programs around the country. It built on earlier initiatives in Connecticut and New Jersey that effectively linked schools with community-based programs and services. Following Kentucky's lead, several additional states have initiated family resource programs as adjuncts to their educational reform efforts, though none yet on Kentucky's statewide scale.

States Use Federal Funding Streams for Family Support

Several states have figured out creative ways to utilize federal funding streams for family support. This approach requires a wholesale policy shift in the service priorities for funds currently being spent, from funding only the relief and treatment of identified problems of individuals to funding the prevention of problems and the promotion of healthy families as well as integrating services to provide a more common-sense and holistic approach to families' needs.

Iowa is an example of a state that has committed funds to prevention. The Iowa Family Development and Self Sufficiency Demonstration Grant Program, initiated in 1988, represents one of the most comprehensive projects using family support principles as its core and utilizing AFDC, JOBS funds, and Medicaid as its funding sources. A 1992 assessment of the program indicates that instituting intensive, long-term family-supportive strategies, primarily through the work of a family development specialist, can over time bring a variety of successes for families most at risk of remaining dependent on the welfare system and other public systems for an extended period of time. The capacity to align the funding streams more closely with families' overall needs poses a continuing challenge to this program, as well as to other programs not as well-established.

The challenge of working out appropriate blending and shifting of funding streams should be well worth the time and effort in the long run. Even a brief look at listings of available federal funding streams currently being used to fund categorical services for children and families gives a clear picture of the large amounts of money involved—and the large number of categories of funds which could easily be utilized for families currently being served in local family resource programs. *A Proper Inheritance*, *Family Support and Education: A Holistic Approach to Early Childhood Programs*, *Twelve Million Children at Risk*, and *Financing Family-Centered Infant Child Care* all include listings of potential sources of federal funds for family-supportive services.

A New Federal Perspective Promises New Investments

Increasing evidence that preventive, comprehensive programs may be more cost effective in the long run has inspired states to invest in them as a new strategy for the most complex problems they face: child abuse prevention, reduction of teen pregnancy, reduction of infant mortality, and promoting the healthy development of babies born at risk for a number of problems. The initiative so far has come from the states and there is increasing pressure on the federal government 1) to reduce the categorical funding barriers that prevent some state initiatives from fully utilizing existing federal funds and 2) to begin directly funding some family support services. There is evidence that the federal government is poised to respond directly to the need for family support services.

Four significant pieces of federal legislation passed in the last five years have begun the process of using federal funding for family support programs. Even in a time of severe fiscal restraint for new spending on domestic programs, family support has gained recognition and support at the federal level. With a new administration in office, an acknowledged commitment to strengthening and expanding investments in programs for healthy child development has already brought new funding and new attention to family support programs. These developments are likely to continue to expand new funding opportunities for local family support programs as well as for state initiatives using this approach.

- The first federal legislation which used the terminology of family support to describe comprehensive services to be demonstrated and researched using federal funds was the **Comprehensive Child Development Program (CCDP),** first authorized in 1988. The program, which received $20 million in initial funding in 1989 and later an additional $5 million, was influenced by the Beethoven Project in Chicago's Robert Taylor Homes. These federal research projects were intended to fully test the results of providing long-term, intensive, comprehensive services for families at high risk. Grant awards were over $1 million per year per project. Each project would provide services to randomly selected families. No more than 120 individuals would be accommodated by a single project. The size of the budget, the intensity of the services, the targeting of specific families, and the establishment of a completely new program for this project are elements not likely to be found in typical community-based family support programs. But the concept of family support as a comprehensive, non-categorical approach that includes both parents and children was an important precursor for future federal funding of family support. The results of the research project, due at the end of the five-year period, will likely influence future funding for family support, at least for this particular population of families.

- The **McKinney Homelessness Prevention Act** passed in 1990 included family support services as a strategy that could be used to stabilize families, particularly families which included teen parents, and prevent them from becoming homeless.

Funding was appropriated in 1991, and local programs first received grant funds for family support services for families at risk of becoming homeless in the summer of 1992. Local community-based programs, many of which had already been offering a variety of family-supportive services, were eligible to apply directly for this funding.

- **The Family Resource and Support Grants Program,** which offers states an opportunity to develop and support networks of local family support programs, was authorized for three years as part of the Young Americans Act of 1990. The grants program received an appropriation of $4.9 million in 1992, and the first request for proposals announcement appeared in the *Federal Register* in June 1993. Forty-four states applied for funds in the initial round, three of which were chosen to receive these funds. The large number of states which applied for the funds is one indication of the growing interest and need for federal support for state efforts to facilitate local programs. This grants program is likely to grow as more states begin to develop partnerships with local programs and use the networks of programs as a vehicle for state services.
- **Family Preservation and Support Services Act,** passed as part of the Omnibus Budget Reconciliation Act in August 1993, provides for $933 million over five years for new family support and family preservation services. This capped entitlement program will provide funds to state child welfare agencies based on the number of children eligible for free or reduced-price school lunches, beginning with $60 million in the first year, and rising to a minimum of $255 million in the fifth year. The legislation provides that states spend "a significant" portion of the funds for family support and for family preservation, but leaves to the states the exact formula. While state plans for the first year's funding will not be completed until June 1994, it is expected that this act will substantially increase funding for family support services in local communities.

Linkages: Using this Funding to Leverage Change

While the amount of money available through the Family Preservation and Support Services Act is small when compared with the overall child welfare budget of each state, this new federal funding stream offers significant opportunities for states to leverage change throughout their child-serving system. In recent years, child welfare budgets have been severely strained by a vast increase in the number of children coming into the system. Even though most states recognize the need for building a system of preventive services in local communities to stem the tide, there has been little or no funding available to do so. This new funding stream, targeted to alternative services, should assist states in designing and carrying out long-awaited plans for innovation in child welfare.

Beyond the child welfare system, there is also increasing recognition that any effective initiative for welfare reform; infant mortality reduction; school readiness; or the prevention of violence, substance abuse, teen pregnancy or any other complex problem requires the vision and resources of multiple agencies. The program instructions for the new legislation make clear that states are encouraged to use the new funds to increase interagency collaboration and plan for innovative, preventive initiatives across agencies and among public and private partners. Creative use of the new funding stream to break down barriers, forge new linkages among partners, and pull resources together will be expected and encouraged. For community-based family support programs, this new approach can mean additional funding to support their ongoing roles as links and partners among different services and/or for creating new services for families.

Challenges to Program Integrity as Funding Options Grow

While local family support programs, which have struggled financially for years to keep their doors open, welcome the new interest and support from state and federal governments, they are also legitimately concerned about the possibility that the expectations that come with these new funds will change their original mission and purpose in unacceptable ways. There are several areas of concern:

❶ The bureaucratizing and standardizing of inherently unique and flexible programs which are responsive to the individual communities and families they serve

Each family support program has developed an outreach approach, a staffing pattern, a governance structure (that involves parents), and program activities and services appropriate for its mission, community, and participants. The "luxury" of finding funds from a variety of private sources has allowed each program to set its own agenda and to provide the services its participants have wanted and needed. Using public grants for some program elements, such as substance abuse prevention or health education and outreach, has preserved each program's distinct approach and allowed it to use its own staff to provide these needed services to families in the program. Linking with service providers such as WIC, JOBS, or public health nurses to provide services at the program site has not jeopardized family support programs' underlying mission. Linkages have been convenient and have supported both families and service providers.

The challenge in establishing public funding for family support services will be to preserve this individualized and responsive approach, as well as the neighborhood ownership of the programs, while assuring the kind of accountability and program quality that public funding ought to require. For example, when the Commonwealth of Kentucky established its family resource and youth service centers, it rejected a single-model approach in favor of an extensive community assessment and planning strategy for assuring that centers were responsive to local needs and were governed by the families who participated in them.

❷ The targeting of certain families to receive services in programs whose universal accessibility has been one of their greatest assets

Family support is a preventive strategy: its services are designed to be universally helpful to all families, long before any identified problems arise or any particular families become "eligible" for services. However, because public resources remain too scarce to assure the same level of services to everyone, some targeting for public funds will undoubtedly occur. One compromise that has been effective in several pilot programs, such as Maryland's Friends of the Family and Illinois's Ounce of Prevention Fund, is to locate family resource centers in targeted communities which have high risk factors that could be reduced by providing family-supportive services. Then the center makes its services available to all families in the identified community.

Other compromises have also been successful. Many family support programs already serve a variety of families, those who are "eligible" to receive federal services as well as those who are not. They have developed several strategies for assuring that the program serves everyone: sliding-scale fees and scholarships for some services, a number of free programs open to all, and a significant outstationing of free community resources in the centers. With this configuration, all families can use some resources of the center, with special provision for those who need more intensive services. In school-linked centers, which are intended to serve all parents of the children in the school, programming is often designed to appeal to the full spectrum of possible participants; then special outreach and assistance strategies are developed to provide services for those families who are reluctant or unable to come to the center. Existing programs have learned to manage the compromises of targeting, but care must be taken to learn from these experiences. Family resource centers have succeeded in reaching out to families and becoming an integral part of community life largely because they avoid deficit-oriented thinking: programs are not identified as places for "problem" families. Future funding decisions need to maintain the integrity of a services-for-all policy while providing for underserved communities through a sensitive and creative approach to targeting.

❸ The expectation that family support will "solve" the problems of severely dysfunctional families or take the place of more expensive treatment alternatives that many families will still need

We must resist the urge to oversell the benefits of family support. We still need to maintain strong support for funding of necessary family services outside the family support program. While family support has been shown to improve family functioning and educational achievement—and reduce the chances for child abuse and neglect—it cannot take the place of substantive treatment for serious family dysfunction. And, while it is a measure of success that well-established centers often become the first stop when a family problem or issue arises, centers must maintain a delicate balance between responding appropriately to the crises of their families and focusing on an ongoing, preventive, long-term developmental program. A family support program can be overwhelmed by the daily crises families bring into the center, especially in a community which has few traditional services for families. A family support program often coordinates other existing services—such as medical services or mental health services—for its families or serves as an interim or follow-up support system when families seek additional services, such as substance abuse treatment, not offered through the center. As a preventive, developmental program, a family resource center normally does not provide these more intensive treatment services itself unless it has a specific component dedicated to them. A potential pitfall of public funding for family support programs is the erroneous expectation that the programs can substitute for other intensive services or reduce the need for basic family assistance such as drug abuse treatment or mental health services. These services must be available too for the family support program to effectively support its families. Demand for some "outside" services may actually increase with more family support programs in place, assisting families to identify and pursue what they need to provide a safe, healthy, nurturing environment for their children and themselves.

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Gloria Rodriguez, Ph.D., Executive Director

OVERVIEW

Established in 1973, Avance is one of the first family support and education programs in the United States and one of the first comprehensive, community-based family support programs to target at-risk and Latino populations. Through its centers across the state, all in impoverished neighborhoods, Avance reaches out to create strong families by offering parents specialized parenting training, social support services, and basic adult and higher education and by providing children with early childhood education and programs, youth actualizing, and support. The program annually serves approximately 5,500 adults and children.

Avance programs enhance parents' knowledge, attitudes, and skills related to their children's growth and development. By strengthening support systems, they work to alleviate problems and remove obstacles that impede effective parenting. They involve parents in preventing problems such as learning delays, child abuse and neglect, academic failure, teen pregnancy, and substance abuse. They strive to reduce the likelihood of a child's early exit from school by strengthening the relationship between the home and the school.

Avance operates three chapters in Texas, as well as a National Training Center in San Antonio. The chapters offer their services in a variety of settings: at community centers, at schools, at churches, and in participants' homes. The San Antonio chapter, established in 1973, now provides services at seven centers, nine schools, and eight community workshop sites. The Houston chapter provides services at one center, five schools, and three mobile centers. The Rio Grande Valley area chapter was added in 1992; it operates out of four mobile centers.

In response to nationwide interest in the Avance program, the National Training Center was established in 1988, the same year the Houston chapter began operations. It conducts two-and-a-half-day institutes that acquaint participants with Avance's philosophy, strategies, resources, and services. It also has developed a parent education curriculum especially designed for use with at-risk Latino families. The materials use Spanish language, conversational style, many pictures, and familiar cultural references to help make their message relevant to their target population. Even though the curriculum was designed for a Latino population the information is universal, and it has been utilized by African American and Anglo families as well.

HISTORY

Avance is a Spanish word meaning "advancement" or "progress." The Avance agency was founded as a private, not-for-profit, community-based organization. Originally conceptualized at Cornell University (by graduate students of Dr. Urie

COMPONENTS

- **Parent Child Education Program**
  Includes nine-month intensive parent education classes, toy-making, community resource awareness, home visits and home teaching, early childhood education, and transportation.
- **Comprehensive Child Development Program**
  Five-year national demonstration project aimed at providing child development skills to low-income families in which the mother is pregnant or has children under one year of age; provides parenting courses, health and nutrition information, medical services, counseling, crisis intervention, adult literacy training, youth development and job skills training, job placement, housing assistance, and substance abuse treatment.
- **Fatherhood services**
  Supporting component of CCDP designed to enhance the parental role of the father by providing parenting information, social support, and positive social outlets.
- **Adult Literacy and Higher Education**
  Basic literacy, GED, and English as a Second Language (ESL) courses, college-level courses, childcare, transportation, advocacy, and referral services.
- **Even Start**
  National demonstration model of a family-centered program focus on family literacy and parenting education and based in neighborhood elementary schools.
- **Child abuse and neglect intervention**
  Comprehensive in-home support and case management services to court-referred families in need of intensive assistance.

- **Avance Project First**
  A national demonstration project focusing on strengthening families through parent education and increasing parent involvement in schools.

- **Youth Development and Delinquency Prevention Program**
  Youth activities, personal and social development classes, tutoring, scout programs, recreational and enrichment activities, and college scholarships, placement, and registration assistance.

- **Public housing primary health care collaborative**

STAFF

Among the three Avance area chapters (San Antonio, Houston, Rio Grande Valley) and the national office there are 177 staff. Approximately 75 percent of Avance's staff are graduates of the program. All staff are bilingual.

National office

1	Accounting aide
3	Accounting assistants
1	Administrative assistant
1	Business manager
2	Computer graphics artists
1	Curriculum/training specialist
1	Director of research and evaluation
1	President and CEO
2	Research assistants
2	Receptionists
1	Vice president of finance and administration
1	Vice president of program services and development
1	Training specialist

Program-level staff

3	Area directors
1	Assistant cook
3	Case aides
3	Case consultant specialists
1	Case management supervisor
10	Case managers
3	Center managers
7	Cooks

Bronfenbrenner) and funded by the Zale Foundation, the first Avance family support and parenting education program was begun in Dallas in 1972. In 1973, it was replicated in San Antonio with former teacher Gloria Rodriguez as director, teacher, and home visitor. The Dallas program phased out in 1975. Since its origination as a parent education program focusing primarily on the relationship between the mother and the child in the prevention of academic failure, Avance has grown to meet the many complex and interrelated needs of the families it serves. In 1994, the San Antonio chapter plans to add a HIPPY (Home Instruction Program for Preschool Youngsters) component and Houston plans to add Healthy Families, a National Committee for the Prevention of Child Abuse initiative based on Hawaii's Healthy Start.

COMMUNITY AND PARTICIPANTS

Avance works in both urban and rural communities predominantly composed of low-income Mexican American families and targets families with children under age four in its core program. Avance annually serves more than 5,500 predominantly low-income Latino adults and children characterized by:

- Several generations of living in poverty
- An 80 percent high school drop-out rate among parents
- A high degree of stress and isolation
- Lack of knowledge of child growth and development
- Significantly high potential for child abuse and neglect
- Lack of saleable job skills.

Participants in San Antonio and Houston live in or adjacent to federally-funded housing projects.

Avance serves single- and two-parent families and voluntary and court-mandated participants. Potential participants are introduced to the program by word-of-mouth and a semiannual door-to-door outreach campaign. Avance is community-based and open to all families residing within the designated boundary lines.

GOALS

- To help parents and children realize their fullest potential; strengthen families; prevent child abuse and neglect, and educational problems in young children; and stabilize the economic conditions of the family

- To conduct research on the conditions and factors associated with poverty and other social/economic problems in high-risk communities

- To evaluate the effectiveness of service delivery

- To operate a National Training Center to share and disseminate information, material, and curricula to service providers and policymakers interested in supporting at-risk Latino families

PROGRAM IN ACTION

All Avance family centers provide the same core services, however, emphases may vary depending on community needs. All participants attending any center-based or school-based classes are processed with a common, agency-wide intake form. When a parent is recruited to participate in any program, the services and conditions of that program are explained to him or her. For example, when a parent is invited to participate in the services offered at the Alazan center, all of the activities and the schedule that is followed for them is explained, as is the fact that only residents of the Alazan Homes can attend classes at that particular site.

The Avance program assists and motivates participants to become more productive and effective members of their families and communities. Through their participation in Avance's literacy programs, for example, many parents have received their GED certificates and completed college courses. Many have obtained employment; some have obtained associate degrees.

The Avance program also increases the parenting skills and knowledge of its adult participants, enabling them to excel in their parenting role as well. Through the Avance parenting education curriculum, parents learn effective parenting skills and strategies for enhancing the self-esteem and learning of their children. Through Avance's toy-making classes, for example, parents learn how to make approximately 30 toys (books, puzzles, dolls, puppets, etc.) out of inexpensive materials to stimulate their children's learning environment. For the parents, the completion of the toys builds self-confidence and pride. For the children, toy-making signifies that their parents care enough about them to make special and beautiful toys, just for them, and that they have an opportunity to be the center of their parents' attention and have fun with them.

As part of this program, Avance staff also go into each family's home twice a month to record and videotape the parent and child playing with a toy produced in the toy-making class. In the parenting class, parents participate in peer review by analyzing videotapes of each parent's interaction with his or her child. In this class, parents get a chance to review and critique each parent's interaction as well as learn through example what constitutes good parenting.

Through the Avance program, parents not only learn how to be better parents but how to utilize existing community resources as well. To accomplish this, the program schedules guest speakers, special events, and field trips which are scheduled at regular intervals throughout the year. Guest speakers have included:

- Nurses — who have discussed childhood illnesses, CPR, and first aid
- Nutritionists from USDA — who have discussed the preparation of nutritious meals
- Counselors — who have talked about family planning
- Fire department staff — who have discussed fire safety.

1	Cook/van driver
1	Data entry clerk
1	Data manager
49	Day care aides
5	Day care teachers
2	Early childhood education specialists
3	Early childhood technicians
1	Health and nutrition specialist
2	Health aides
1	Mental health specialist
2	MIS specialists
8	Home visitors
3	Home visitor/van drivers
1	Janitor
1	Literacy instructor
2	Parent education coordinators
5	Parent educators
2	Parent educator/center managers
1	Program director
1	Program director — center-based services
3	Program aides
8	Program coordinators
1	Program specialist
2	Receptionists
2	Secretaries
1	Secretary/bookkeeper
1	Social worker
6	Toy instructors
10	Van drivers
1	Writer
1	Youth instructor

Currently, Avance is undergoing a standardizing of all position titles, salary ranges, and background requirements for each position. Generally speaking, positions with the labels of manager (with the exception of case manager), specialist, coordinator, parent educator, and director are at a professional salary level as are the positions of social worker and writer. Every other position is at minimum wage or slightly higher.

The National Training Center has a core of three full-time positions and three part-time positions. Professional-level staff at the chapters are available to provide assistance with training as needed.

FUNDING

Annual budget: $3,640,000

Sources:

30%	Federal government
	▪ Head Start Bureau
	▪ Department of Education
	▪ U.S. Department of Agriculture, Child Care
	▪ Food Program
20%	Private foundations
16%	Contracted services
10%	Local government
7%	State government
	▪ Texas Education Agency
	▪ Texas Department of Human Services
7%	United Way
6%	Fundraising events
3%	Corporate donations
1%	Certified program

Avance has inter-agency agreements or collaborations with more than 200 agencies, including: medical clinic and programs, San Antonio Housing, Region XX Education Service Center, St. Philips College, Texas Department of Human Services, Family Services Association, The Employment Network, Alcoholic Rehabilitation Center (ARC), Bexar County Juvenile Probation Department, and the Attorney General's Office.

GOVERNANCE

All three Avance chapters have advisory boards made up of community residents. The national office also has an advisory board, which consists of a representative from each area chapter as well as several prominent national figures. These boards make policy and raise funds for Avance. All Avance area chapters are under the auspices of Avance, Inc.

EVALUATION

Avance has conducted an internal, formal evaluation of its Parent Child Education Program. A pre-test/post-test developed by the organization assessed the program's impact after a nine-month service period.

An extensive scientific evaluation funded by the Carnegie Corporation has provided strong evidence supporting the effectiveness of the Avance Parent Child Education Program. Two annual cohorts were followed for two years at two program sites. Control groups which were randomly assigned at one site and matched at the second site were also employed. Upon participants' completion of the program and then again one year later, data was collected concerning maternal knowledge, behavior, attitudes, and continuing education with both groups. Group comparisons revealed that Avance program mothers provide a more organized, stimulating, and responsive home environment; provide more developmentally appropriate toys; are more positive in interacting with the child; initiate more social interactions with the child; use more contingent praise with the child; spend more time teaching and more time talking with the child; and are more encouraging of child verbalizations. Avance program mothers reported more nurturing attitudes toward the child, more opposition to physical punishment, an enhanced view of self as child's teacher, increased sense of parental efficacy, increased parental knowledge and skills, increased knowledge and use of community resources, and increased knowledge of contraceptive methods. Upon graduation from the parent education program, significantly more program participants elected to continue their education by enrolling in continuing education classes.

REPLICATION

The first Avance-San Antonio program was replicated from the original Avance program in Dallas in 1973. An additional program in San Antonio was opened in 1979, a third in 1982 and a fourth in 1987 (which has since replicated to a total of 21 sites in San Antonio). In 1988, the Avance Houston program was established with a grant from Kraft General Foods Corporation. In 1991, a sixth program opened in San Antonio. The Rio Grande Avance program in McAllen, Texas was implemented in 1992.

TRAINING AND TECHNICAL ASSISTANCE

The Avance-Hasbro National Family Resource Center focuses on developing and disseminating materials and training that address the needs of high-risk families. The Center conducts institutes upon request on the Avance family support and education model. An intensive two-and-a-half day institute offers participants an insight into the operation of Avance's parenting education, family support, and literacy programs. The cost of the institute is $500 per person. Institutes are offered only in San Antonio.

The Avance Parent Education Curriculum is available for purchase upon the completion of the Avance institute. The curriculum has been especially designed to be used by individuals who are working with high-risk Latino families. Cultural references, examples, and Spanish terms enhance clarification and relevance of the messages to the target population. Each book costs $50.

Special topic workshops are available on a consultant basis and may be provided anywhere. Consultant rates range from $50 per hour to $1,000 per day depending on who the consultant is, the audience being addressed, and the location of the presentation.

Tours are available for $50 for 60 minutes or less but generally are not encouraged; all tours must be cleared through the National Training Center and the area chapter director.

BLACK FAMILY DEVELOPMENT, INC.

15231 West McNichols
Detroit, MI 48235

Jacqueline Jones, Executive Director

COMPONENTS

- **Loving Our Own Kids (LOOK)**
  LOOK provides counseling services for preschoolers and their families, in order to enhance school readiness. LOOK serves 85 families a year referred from local preschool programs.
- **Youth Assistance Program (YAP)**
  YAP is a juvenile detention prevention program for youth aged 11-16 who are already involved with the juvenile justice system, or are at high risk. Services include individual and group counseling, after-school groups, and a male involvement group. Services are provided at school and in the home. YAP serves 30 to 35 youth at a time for six months to a year, on average.
- **Your Essential Services (YES)**
  YES is located in an emergency shelter and provides an individualized, comprehensive package of services including housing assistance, employment preparation, tutoring, and individual and group counseling. YES serves 15 families at a time, on average.
- **Family Too**
  Family Too provides home-based counseling to the families of school-aged children within a defined catchment area, referred for behavior problems. The program provides tutoring, parenting support, substance abuse counseling, and support for male responsibility. About 50 families participated in 1993.
- **Families and Community Empowerment (FACE)**
  FACE is a substance abuse recovery program targeted to a specific community (Highland Park). It provides 45 hours of intensive outpatient treatment over the course of a year. Treatment is family-focused and home-based. FACE serves 176 clients a year.

OVERVIEW

Established in 1978, Black Family Development, Inc. (BFDI) provides culturally appropriate individual counseling and family therapy and related services to African American families in the Detroit area. BFDI's emphasis on cultural responsiveness in all its programming makes it a leader in defining and re-defining an Afrocentric approach to service delivery.

Counseling and other services most often are home-based. However, services also are delivered in schools, in residential treatment centers, and in a shelter for the homeless. The main BFDI facility is a one-story brick building with 5,100 square feet of space, including offices, group and conference rooms, and a small outdoor play area for children. Inside, a colorful map in the shape of Africa depicts African American images. A child play therapy room contains ceiling-to-floor artwork depicting African American families and created by an African American artist.

HISTORY

BFDI was born out of the frustrations of some of the African American social workers in the Detroit area. Although many service providers and service organizations used language that suggested a non-deficit approach to African American families, these African American social workers believed that, in reality, many of the existing programs and organizations still clung to deficit-based views and held that African American families should conform to the norms, behavior, and attitudes of Caucasian families.

In 1978, the Detroit Association of Black Social Workers (DABSW) hosted the conference of the National Association of Black Social Workers which, in turn, produced some funds for the hosting chapter. Because people in power did not seem to acknowledge that black families in Detroit needed special services, the DABSW decided to use the money to plan and develop a comprehensive family counseling agency designed specifically for African Americans.

BFDI did not result from a formal, comprehensive planning process involving parents and the community. Planning and program development were undertaken by the members of the DABSW—people who had worked with families in the community for years. Meetings were held in the living rooms and kitchens of its members.

The informal planning committee began to look for sources of funding for the services they had in mind. They formed a board of directors and created a 501(c)3 organization. A grant from protective services in the Department of Social Services of Wayne County enabled them to hire the program's first executive director. An accountant friend of the group provided pro bono financial services and granted space to the program rent-free.

BFDI started out by providing home-based counseling services and has evolved over time to providing eight different programs from two sites.

COMMUNITY AND PARTICIPANTS

BFDI serves Detroit and Wayne County, Michigan, an urban area whose population is about 65 percent African American. Numerous social problems associated with poverty, unemployment, and a depressed economy plague Detroit—much of this due to the decline of the automobile and related industries that threw many people out of work. Of the approximately 600,000 people under the age of 18 in Detroit and Wayne County, more than 120,000 are considered to be significantly at risk of failure in one or more areas of social, emotional, or physical functioning.

Contact between BFDI and a potential client begins with a request for service, which may involve a referral from a funding agency that pre-identifies clients to be served, a referral from an agency with which BFDI has a collaborative relationship, a referral from the community, or a request from the potential participant.

BFDI targets African American families, but does not refuse service to people of other ethnic backgrounds. However, 99 percent of participating families are African American. Eligibility requirements vary by program component.

GOALS

To strengthen and preserve African American families.

PROGRAM IN ACTION

BFDI emphasizes outreach and case-finding methods because, in African American culture, people often are reluctant to ask for help. BFDI utilizes a bright-colored van for outreach services. Information and referral, crisis intervention, and distribution of canned goods and other emergency supplies are provided on a one-time basis as the van is driven through various neighborhoods. The van is staffed by two counselors who are prepared to stop the van at any time and provide services on-site. Culturally appropriate music played from the van attracts attention, which leads to curiosity, information-sharing, and requests for service.

Clients referred by agencies with which BFDI has service contracts are interviewed and enrolled in the appropriate program. Other potential clients, referred to as "community cases," are interviewed by a program manager who decides whether BFDI services are appropriate. Depending on the nature of the request, the level of urgency, and the availability of program slots, the client may be accepted for service immediately or may be placed on a waiting list.

The initial assessment is very extensive and includes identifying information as well as a description of the problems from the perspective of BFDI and the referring agency (if applicable) and, most important, from the perspective of the nuclear family, caretaker, extended family, friends, and significant others as well. The program manager compiles comprehensive information about family members including an examination of family support systems and a review of each family member's use of leisure time. Problem-solving approaches and parent-child relationships are assessed from both parent and child perspectives.

- **FACE Preventive Services Network (FPSN)**
  FPSN provides workshops and lectures for youth, teachers, and school administrators on drug prevention, as well as home-based services for children. FPSN serves 120 individuals a year. In addition, the program provides consultant services on drug-abuse prevention to school administrators.

- **In-Home**
  In-Home provides housing assistance, case management, counseling and supervised visits to families of children placed in foster care, with the aim of family reunification. The program serves 20 cases at a time referred by the foster care unit of Wayne County Department of Social Services.

- **Finding Resolutions through Everyday Education (FREE)**
  FREE is a substance abuse prevention program that provides home-based counseling to the families of people in residential drug treatment. Up to 17 families are served at any one time.

- **Parenting classes** (225 groups in 1993)

- **Women's support group** (11 groups in 1993)

- **Outreach van** provides information and referral services, crisis intervention, and emergency supplies.

STAFF

1	Executive director	$52,160–78,240
1	Deputy director	$39,200–58,800
2	Program directors	$30,240–45,360
13	Family counselors	$17,840–26,760
6	Parent aides	$10,400–15,600
1	Bookkeeper	$15,000–19,500
1	Van driver/maintenance	$14,000–26,000
1	Office manager	$22,240–33,360
3	Secretaries	$12,080–18,120
1	Receptionists	$12,000–16,000
1	Personnel director	not available
1	Resource developer	not available

The staff is 100 percent African American. Family counselors have bachelor's degrees usually in social work or human resources. Parent aides are non-degreed paraprofessionals.

All new staff participate in a one-day orientation which includes cultural sensitivity training and a self-inventory (which is videotaped) that forces staff to examine their own values. "Think-tank" sessions are held and monthly staff meetings address skill development and cultural competence. Peer review is a part of supervisory sessions and regular staff meetings.

BFDI staff have developed a consultation and training program which enhances the ability of other organizations to service African American families.

FUNDING

Annual budget: $1,600,000

Sources:

- **12%** Federal government
  - Health and Human Services
- **18%** State government
- **21%** Local government
  - School district
  - County government
  - City of Detroit - Community and Economic Development
  - City of Detroit - Division of Substance Abuse
- **26%** Private sources
  - Kellogg Foundation
  - Casey Foundation
  - United Way
- **23%** Third-party billing

Cultural factors are also evaluated. Such attitudes, behaviors, and beliefs as the mode of dress, religious beliefs, and family relationships/structure are considered. Is the person wearing African attire such as a head piece, or does he or she have an African name? Does the family belong to the Black Muslim faith?

After a service plan is formulated, a team of two counselors visits the home on average two to three times a week, depending on the needs of the family. Help is available to families 24 hours a day; all staff wear beepers.

BFDI has developed a code of ethics which guides service delivery to African American families. This code recognizes that African American families may manifest structures based on kinship and other nurturing relationships which enable these families to maintain and develop each member's positive functioning. Counselors incorporate that cultural knowledge into practice. African American history is taught. In play therapy with children, toys and games reflect the child's culture and world. Recreational activities include trips to museums that feature African cultural events and art.

BFDI has many linkages, including formal interagency agreements, with other service providers in the community. One such agreement places BFDI counselors in one of the city's homeless shelters. In addition, staff sit on the boards of various community organizations including the major human services planning arm of the local United Way.

GOVERNANCE

The board of directors sets policy for the agency, examines compliance with contracts, assumes fiscal accountability, and hires and evaluates the executive director.

The board consists of about 20 African American members representing a diverse cross section of Detroit's African American community. A consumers' committee composed of participants from the program offers advice and suggestions to the board.

EVALUATION

Quality assurance includes a peer review process, program review by a standing committee of the board, client satisfaction surveys, and case record reviews.

In addition, two program evaluations by independent consultants have been undertaken. The findings of a program outcome evaluation by an evaluator from the University of Michigan for the period April 1988 to April 1990 revealed that BFDI was effective in stabilizing high-risk African American households and minimizing the likelihood of removal of a child from the home. Another evaluation in October 1989 of BFDI's home-based services for families in "imminent danger" of child removal from the home showed the program was achieving its goals of reducing the incidence of child removal and helping families develop healthy approaches to interacting.

REPLICATION

BFDI knows of no efforts to replicate this program.

CARING COMMUNITIES PROGRAM

4411 N. Newstead
St. Louis, MO 63115

Khatib Waheed, Director

OVERVIEW

The Caring Communities Program (CCP) is a school-based, family- and neighborhood-focused integrated service delivery system which currently operates out of three schools. Walbridge Elementary, Walnut Park Elementary and Northwest Middle schools—all with contiguous attendance boundaries—are located in the north St. Louis neighborhood known as Walnut Park. The following concepts form the underpinning for the Caring Communities Program:

- Integrated school- and home-based services
- School as the primary source of referrals
- Primary service delivery with emphasis placed on prevention and early intervention
- Child, family, and neighborhood focus
- Neighborhood design of program and scope of services
- Neighborhood building and empowerment
- Culturally sensitive and responsive services and staff
- Manageable staff/family ratios
- Accessible services and staff.

The program is guided by an Afrocentric philosophy. CCP defines Afrocentricity as "using both positive and practical African and African American concepts and philosophy as the focus for defining our individual and collective lifestyles." CCP's Afrocentric philosophy is based on the Nguzo Saba, or Seven Principles—the set of principles celebrated during the week-long African American festivities known as Kwanzaa.

CCP centers are located on school grounds. The original site, Walbridge Caring Communities Program (WCCP), is located in a small building on the grounds of Walbridge Elementary School. This building also houses the school's gym. The WCCP center consists of several small offices and a meeting room. WCCP's after-school programs are held in the school's main building. Additionally, a local hospital is in the process of being converted to a one-stop-shopping center for services for children and families; CCP has established an administrative office in this building.

HISTORY

In 1989, recognizing the growing needs of Missouri children living in poverty or on the verge of poverty, the Missouri departments of Elementary and Secondary Education, Mental Health, Social Services, and Health developed a proposal to collectively help these children and their families—to offer them a seamless system of supports. Funding and leadership came from the Danforth Foundation, a St. Louis–based foundation, as well as from the four state agencies.

PROGRAM COMPONENTS

- **Families First**
  Trained therapists offer crisis intervention and conflict resolution services through in-home individual or family counseling.
- **Day Treatment Program**
  School-based counseling and behavior modifications for youth experiencing difficulty adapting socially in the classroom.
- **Case management services**
  Ensure that all needed services are provided to troubled youth in a coordinated fashion. These services are both school- and home-based.
- **Latchkey program**
  Provides before- and after-school activities for elementary-school-aged children. It serves breakfast and an afternoon snack. Children can work on their homework and receive help with it. The Latchkey program requires participating parents to attend parenting classes covering issues of child development, effective communication, and discipline or job training classes.
- **School Assistance Program**
  Uses an Afrocentric curriculum to provide regular classroom presentations on cultural self-identity to reinforce students' self-esteem and to prevent drug abuse.
- **Substance Abuse Component**
  Provides counseling to youth and their families, conducts co-dependency groups, and delivers drug prevention and cultural enrichment programs.
- **Substance Abuse Task Force**
  Reduces the demand for illegal drugs by presenting a "no use" message, while confronting the drug traffickers by picketing known drug houses and drug areas. These marches involve students, community activists, and the police. Neighborhood watch programs are in the process of being set up throughout the catchment area.

- **Youth Development Program**
  Involves drug knowledge and awareness, develops positive peer pressure groups to counter pressures of youth gangs, and provides drug-free recreation activities as alternatives to negative activities and behaviors.

- **Pre-Employment Training**
  Eight-week day and evening program that provides job-readiness skills to adults.

- **Health services**
  Screening, monitoring, and referral services.

- **Parents as Teachers**
  The St. Louis public school system has assigned a parent educator to work with families in the Caring Communities Program offering parent education, child screening, and compensatory education services for families with children below age five.

STAFF

1 Director
3 Program site coordinators

Case management
1 Supervisor
9 Case managers (3 at each site), B.A. or B.S.W.
Clerk typist (part-time)

Families First
1 Supervisor
6 Home therapists (2 at each site), prefer M.S.W.
1 Behavior therapist, prefer L.C.S.W.
.5 Clerk typist

Substance Abuse Component
1 Substance abuse supervisor/counselor
1 Anti-Gang and Drug Task Force coordinator
6 Substance abuse case managers (2 at each site)
1 Clerk typist

Latchkey
1 Supervisor
2 Site coordinators
12 Youth educators

Health services
1 Home health liaison supervisor
3 Home health visitors (1 at each site)
1 Clerk assistant

Two Caring Communities pilot projects—one rural, one urban—opened in 1989. The Walbridge Caring Communities Program opened in May in St. Louis, and the Northeast Missouri Caring Communities Project opened in October in rural Schuyler and Knox counties. To learn what needs families could identify and to raise their interest in the project, WCCP undertook a door-to-door canvass within the immediate neighborhood. This was followed by two community meetings.

After years of hard work and commitment by the WCCP staff, students, parents, and elementary school teachers, the public/private collaborative funding partners agreed to expand WCCP. Interest in the expansion of WCCP was triggered by the encouraging results of a preliminary outcome-based program evaluation. As a result, Civic Progress, a St. Louis–based civic organization, provided the critical start-up funds to vertically expand the Walbridge model to the middle school level. State financial support was subsequently increased to expand the Caring Communities Programs, resulting in the establishment of the current three-school-cluster configuration model.

COMMUNITY AND PARTICIPANTS

St. Louis is urban, with a culturally diverse population. CCP serves an area of about 34,000, predominately African American residents. Walbridge Elementary School, which includes preschool through fifth grade, is 95 percent African American. The broader catchment area, within eight blocks of the school, is 85 percent African American. Most residents are low-income and the neighborhood struggles with drug dealing, unemployment, and crime.

CCP's primary target group is comprised of the 1,200 children who attend Walnut Park neighborhood schools and their families. CCP also offers after-school programs, while the community education component of the St. Louis public school system offers adult education courses for neighborhood youth and adults. Most participating families are referred to the program by a teacher or school administrator. A smaller number of families hear about the program through word-of-mouth.

Approximately 250 families per year receive intensive services (help with substance abuse, case management, Families First); 150 families take advantage of preventive services; and more than 1,200 children per year have contact with CCP through screening and/or classroom presentations.

GOALS

The goals of the Caring Communities Programs are to ensure that the children attending the three sites:

- Achieve sustained and increased success in school
- Remain safely in their homes with their families, therefore reducing the need for out-of-home placement
- Remain out of the juvenile justice system

PROGRAM IN ACTION

Most families enter CCP's service orbit when a child, identified as having problems, is referred by the school. In rare instances, referrals would be accepted from an outside agency such as the juvenile court. Once referred, parents are contacted and encouraged to attend an initial parent conference with the child's teacher, the CCP site coordinator, and other staff. Staff make clear to each family before and during this initial meeting that they are involved in a team effort and that all members of the team (including the parent and/or other family members) are equal contributors. At the meeting, staff work to establish a supportive, positive relationship with the family. They try to highlight and encourage family strengths identified during the conversation.

While family strengths are identified and nurtured, barriers to future success are also acknowledged and discussed. These barriers may include substance abuse, unemployment, and underdeveloped parenting skills. Staff then recommend specific services for the child and family. During regular team treatment meetings that follow, both teachers and parents are asked to assess the efficacy of the services delivered.

Caring Communities' philosophy of Afrocentricity helps to restore hope, purpose, and pride among the children and families. The approach acquaints children and families—through instruction, counseling, and action—with the numerous strengths, achievements, and contributions of Africans and African Americans, as well as the weaknesses and complexities of lifestyles. The major aspects of CCP's Afrocentric concept are:

- Spirituality (urging parents and residents to reacquaint themselves and their children with their oneness with creation and their Creator)
- Self-identity (emphasis on African and African American history/culture and the African diaspora through didactic instruction)
- Extended family (emphasis on recognizing the extended family as a basic and legitimate family structure and support system)
- Unity (emphasis on self-help and community empowerment)
- Value system (emphasis on recognizing the Nguzo Saba as a viable value system and thereby a criterion for assessing growth and development)
- Conflict resolution (emphasis on utilizing nonviolent conflict resolution techniques)
- Rite of passage (emphasis on establishing specific guidelines for manhood/womanhood training that incorporate rite of passage ceremonies.

The CCP Afrocentric concept is taught to school students explicitly in classroom presentations and, like the principles of family support, informs and infuses all programmatic decisions and practices.

Empowerment is a key component of CCP. Staff assure parents that they can take control of their lives and make a difference for their children by building on their strengths while breaking down their personal barriers to success. As parents feel more empowered, more of them take an active role in the elementary school.

Job readiness training
  1 Job placement specialist

Student assistance
  4 Student assistance coordinators

All of the above staff positions are professional positions and require an undergraduate degree except home health visitors and youth educators, which are paraprofessional positions and require a high school diploma or GED; and clerical positions, which require clerical skills and high school diploma or GED.

Families First, case management, and substance abuse program staff have been funded by the Missouri Department of Mental Health. Staff for the Latchkey program has been the responsibility of the Department of Social Services. The school system and the Missouri Department of Health share responsibility for staffing the health services component.

FUNDING

Annual budget: $1.5 million

Sources:

25%	Federal government
	• Alcohol and Other Drug Abuse Block Grant
	• Department of Agriculture
50%	State government
	• Missouri Department of Elementary and Secondary Education
	• Missouri Department of Mental Health
	• Missouri Department of Social Services
	• Missouri Department of Health
5-10%	Local government
	• St. Louis Public Schools
15-20%	Private foundations
	• Danforth Foundation
	• Civic Progress

GOVERNANCE

The CCP advisory board is designed to ensure ongoing local neighborhood input and involvement in the development of programs and the scope of services. The advisory board facilitates efforts to create viable family and neighborhood support systems aimed at establishing the Walnut Park neighborhood as a functional village. The advisory board is comprised of neighborhood residents; parents; school personnel; community, civic, and religious leaders; and agency representatives who are both aware of and committed to addressing the myriad problems affecting urban populations across the country.

As part of the overall advisory structure, there is a school-based steering committee at each of the Caring Communities sites to ensure that the day-to-day service delivery process at the school is receiving the proper support. Representatives from each of the school steering committees serve on the CCP advisory board.

EVALUATION

A preliminary evaluation of CCP's progress at the original Walbridge site was completed by Philliber Research Associates of Accord, New York, in November 1991, funded by the Danforth Foundation.

Although the evaluation concluded that there had not been a large enough sample nor enough time elapsed to judge WCCP's progress toward its goals, preliminary data on academic improvement among Walbridge students did suggest the following:

- Children receiving case management and Families First services at Walbridge are clearly those most at academic risk.

- Large and consistent improvements in academic performance are evident among the children at Walbridge who received Families First or case management services.

- Improvements shown by children are greater the longer they are tracked.

REPLICATION

The Northeast Caring Communities Project located in rural northern Missouri serves Schuyler and Knox counties and offers many of the basic services offered by its urban counterpart in St. Louis.

The original Walbridge Caring Communities Program has been replicated at two other sites in the Walnut Park community: one elementary school and one middle school. Plans are underway for another cluster of three schools to adapt the Walbridge model (two elementary schools and one middle school).

TRAINING AND TECHNICAL ASSISTANCE

CCP concentrates on providing direct services but does offer site visits two days per month, coordinated by the Missouri Department of Mental Health.

CENTER FOR FAMILY LIFE IN SUNSET PARK

345 43rd St.
Brooklyn, NY 11232

Sister Mary Paul, Co-director
Sister Mary Geraldine, Co-director

OVERVIEW

The Center for Family Life in Sunset Park is a neighborhood-based family support program sponsored by a Catholic child welfare agency. In existence since 1978, the Center provides a large number of activities in the Sunset Park community of Brooklyn, spanning early intervention; school-based programs for children, teens, and parents; individual, group, and family counseling; employment programs for adults and for youth; an emergency food program within a multi-function storefront center; youth development and youth leadership programs; and a neighborhood foster family program which matches birth parents with neighborhood foster parents.

The Center strengthens the capacity of parents, provides developmental opportunities for family members, addresses crises in parent-child or spousal relationships through counseling or therapy, and intervenes in a variety of ways to bring financial stability or at least adequate income to the family household.

The Center is located in a sturdy building, the former residence for a male religious order that ran a small school there. The architecture is conducive to the services: two floors of private offices, a pleasant conference/family room, and a similar group activities room; and a lower level which houses a family lounge, playroom, group room, and kitchen. Sister Mary Paul and Sister Mary Geraldine, co-directors, live on the fourth floor of the building. This building is the primary site for intake, private counseling sessions, and therapeutic group sessions. In addition to operating programs at this site, the Center runs extensive after-school programs at three public schools in the neighborhood, and has separate locations for its employment program and a storefront thrift shop/emergency food program/advocacy clinic.

HISTORY

The Center for Family Life in Sunset Park opened in 1978. St. Christopher Ottilie, a large child welfare agency on Long Island specializing in foster and group care, sponsored the Center. Six months of research into neighborhood needs preceded the Center's implementation. This research included canvassing the neighborhood: going door-to-door talking with individuals, storekeepers, officials, schools, police, social service agencies, and community residents. Initially, the Center provided family counseling and family support programming. Within a year or so, it added school-based activities and an emergency food program. Over the past 15 years, it has grown steadily, always responding to neighborhood needs.

COMMUNITY AND PARTICIPANTS

The Sunset Park area of Brooklyn is an urban community of more than 100,000 people, mostly poor and working class. The neighborhood has experienced many waves of immigration, first from Scandinavian and other European countries and more recently from Puerto Rico, the Dominican Republic, Mexico, El Salvador,

COMPONENTS

Principal components of the Center for Family Life's program are: 1) center-based and home-based counseling and supportive services, as well as connecting families with needed resources; 2) community centers with a multitude of activities for children and youth (with parent involvement) in three neighborhood schools (two elementary schools and one junior high); 3) a year-round employment services center located some six blocks from the Center's main location, and a summer youth employment program; 4) a storefront center a block away from the Center that combines a thrift shop, advocacy clinic for emergency responses, and community-wide emergency food program; and 5) a small neighborhood foster family program in which children who are removed from their homes are placed with families in the same neighborhood to reduce the trauma and anger involved, to facilitate more frequent and intensive remediation services, and to normalize the situation of the children with regard to school and neighborhood, thus accomplishing family reunification sooner.

Particular features of the Center's model are its openness to the community daily (including weekends) from 8:00 a.m. to 11:00 p.m. and the fact that it provides a high volume of direct services while also maintaining a high level of participation in the social and civic agenda of the neighborhood.

The following list of activities is reflective of the Center's comprehensiveness:

- **Comprehensive assessment and evaluation services**
  For crisis situations; include psychological and psychiatric evaluations.

- **Counseling services**
  Serves approximately 460 families per year.

- **Family life education programs**
  - Parenting workshops
  - Discussion and activity groups

  Serves approximately 300 families per year.
- **Infant/Toddler program**

  Early stimulation, group play for children six months to three years while parents meeting with social worker. Serves approximately 15 families per year.
- **Information and referral to community agencies**
- **Social activities**
- **Foster grandparent program**

  Serves approximately 15 families per year.
- **Foster family program**

  Social worker works in integrated way with neighborhood birth and foster families, and children; meets regularly with each (at least weekly). Serves approximately 8-9 families/25 children per year.
- **School-based programs**
  - After-school childcare and activities Approximately 500-600 children per day participate.
  - Teen center and evening program including basketball league, community arts project, dance company, rap group, workshops, youth leadership program, camp counselor training Approximately 1000 teens per year participate.
- **Day camp programs**

  Approximately 500 children per summer participate.
- **Summer youth jobs program**

  Approximately 800 youths per summer participate.
- **Employment services program**

  Counseling, job placement assistance. Serves approximately 300 clients per year.
- **Advocacy clinic**

  Assistance with income maintenance, housing resources, food stamps, Medicaid. Serves approximately 500 clients per year.
- **Emergency food bank**
- **Thrift shop**

Ecuador, and other Central and South American countries, as well as China, Vietnam, Cambodia, and some Arab countries. The current population is almost 60 percent Latino (although most of the Latino families were from Puerto Rico until 10 years ago, many now are from the Dominican Republic and other Central and South American countries); 10 percent Asian; and approximately 30 percent African American and Caucasian. Almost a third of the population is under the age of 18. All community schools are substantially overcrowded. There is a serious shortage of good, affordable housing. Since the late 1970s (partly owing to the efforts of the Center for Family Life and the Lutheran Medical Center) the neighborhood has steadily rallied to reverse the blight and alienation that had plagued it for some three decades. For example, in the early 1970s, there was a serious shortage of structured after-school activities for neighborhood youth (who upon entering sixth grade at age 11 must commute to school on public transportation, as the neighborhood has no high schools and only one junior high). Participation in gang activities was widespread. Gradually, the Center initiated extensive youth development activities—alternatives to youth violence—in response to community members' stated needs, and the gangs receded. The Center did not focus on getting rid of gangs, but on providing alternatives.

The Center for Family Life is available to any neighborhood family with a child under the age of 18 living in the household, regardless of the presenting problem. It also targets families in danger of having children placed in foster care. Some of these families are referred to the Center by the New York City Department of Child Welfare (and their participation is mandated); most families refer themselves voluntarily.

An individual or a family is either self-referred or referred to the Center by another service agency, the Department of Child Welfare, or a doctor or hospital. Those participants who are self-referred learn of the program through word-of-mouth. Because the Center has been a part of the community for 15 years, extensive outreach campaigns are not necessary.

GOALS

The Center for Family Life aims to provide an integrated and full range of personal and social services to "sustain children and families in their own homes; to counter the forces of marginalization and disequilibrium which impact on families; to stem influences on children, youth, and families which contribute to delinquency and alienation; and to provide alternatives to foster care or institutionalization." Its community orientation contributes to its overarching goal of capacity-building and empowerment for the neighborhood as a whole and for families and individuals who live in Sunset Park.

PROGRAM IN ACTION

Center-based programs

When an individual or a family first goes to the Center, they meet with the director (or a designated staff person who speaks their language), who attempts to learn what the family needs and what tasks they want to undertake. They are then assigned a social worker who will be their advocate, primary support person, and primary link to the Center's and other agencies' services. This relationship is viewed as the partnership through which positive growth will occur. Social workers have a family focus: they always consider the family and community context, even when working with an individual family member. The social workers build on strengths very consciously, attempting to open up opportunities and exposure for growth, support, friendship, and education. Social workers see themselves as engaged in a process of facilitating personal development, helping people to realize their own autonomy and plans, and helping to access opportunities for positive experiences and achievements. The Center's director emphasizes that even where there is identified pathology (and the Center does see a number of seriously troubled people with multiple needs), remediation has to come after, and rest upon, new positive experiences and social supports. Staff view the point of intervention as a place to expand from, not to dwell on in order to correct.

School-based programs

At each of the three schools where the Center for Family Life has its programs, it is not restricted to one particular space, nor is there a space designated for its use only. Auditorium, gym, cafeteria, and classrooms are used simultaneously for various activities.

From 3:00-6:00 p.m., five days per week, two of the schools are open for after-school childcare for children 5-12 years of age. The program runs according to a summer camp model: teenagers become counselors-in-training and finally counselor assistants. Children are grouped according to age and participate in three different activity periods each afternoon. Activities include sports, arts and crafts, stories/games/writing, dance and acting, and homework help. At the end of each semester there is a program-wide dramatic presentation in which every age group participates. There are two-evening-a-week programs for teenagers in the community at each of the same two schools, again with a large number of activities, including a basketball league, other sports, and the arts.

At a third school, there is an extensive community arts and family life theater program, a learning center, and a community service club, all conducted four days a week. A team of artists from the Center for Family Life also work with selected classes during the school day in a community arts program designed to facilitate positive relationships and communication among the students, and between students and teachers.

Each school-based community center has an active parent council. In fact, one parent council undertook a successful campaign to lobby the City to make the school a Beacon school (New York City's initiative to keep schools open round-the-clock as community centers).

Other community organizations coordinate with the Center for Family Life to use the school for ongoing activities. For example, an Asian community organization runs a homework clinic, an ESL class for adults, and an Asian dance group on weekends and on weekdays after 6:00 p.m.

Employment services

For the last 12 years, the Center for Family Life employment services program has been providing individualized pre-employment preparation, job search skills training, counseling, and job placement for adult community residents, including those on public assistance. More recently, the program has also featured short-term computerized vocational and English-as-a-Second-Language classes. Counselors have a family focus and take personal and familial situations into consideration. The Center believes that employability and job retention are greatly supported by counseling and linkage with other needed family supports such as childcare.

STAFF

There are 48 full-time equivalent (FTE) staff at the Center for Family Life in Sunset Park.

2	Co-directors	not available
16	Social workers (MSW)	$26-40,000
8	Social work interns (students in master's or doctoral unpaid program doing their fieldwork)	

Each school-based program has 6-7 FTE staff:

1	Director (MSW)	$40-50,000
5-6	Activity leaders (Background appropriate to activities led)	
	Part-time maintenance people	

FUNDING

Annual budget: $2,000,000

Sources:

97% Local government
- NYC Department of Child Welfare
- NYC Department of Youth Services
- NYC Department of Employment

3% Private sources

All services emphasize neighborhood pride

Over time the Center for Family Life has established linkages with every school and every service organization in the neighborhood. These relationships are characterized by active communication, sharing of referrals, and some joint meetings when planning occurs. The Center's director feels that written agreements are not necessary. The Center's director believes that it takes a cohesive, strong community to sustain families. Neighborhood pride and attachment to the community are necessary to combat alienation and isolation. A "bad" neighborhood is a source of negative identity for residents. The Center for Family Life works on promoting "caring about Sunset Park, loving it, building it."

The Center is extremely responsive to the community's and individual family members' needs. It works to empower the individuals and the families it serves by enhancing their capacity, increasing both skills and self-esteem, and opening up opportunities for people to use their skills.

GOVERNANCE

St. Christopher Otille, the Center for Family Life's parent agency, is governed by a board of directors. This board has an oversight role and is not involved in day-to-day program administration. This agency has its headquarters outside the city of New York; its membership is wider than (and not inclusive of) neighborhood residents. The Center for Family Life has its own advisory board, consisting of professionals, individuals with special skills or expertise, and community residents. Each of the school-based programs has a parent advisory council.

EVALUATION

In October 1993 a team from the Columbia University School of Social Work was chosen to begin a three-year evaluation research program funded by the Annie E. Casey Foundation to assess the effectiveness of the Center's family support model using both qualitative and quantitative measures. In 1992 the Surdna Foundation, together with the Foundation for Child Development, conducted a survey of the community's perception of the Center for Family Life's services. In addition, the Center annually conducts client satisfaction surveys.

REPLICATION

The Annie E. Casey Foundation has engaged five states in a replication of the Center's pilot neighborhood foster family care as one strategy in foster care reform. The Center very frequently receives visitors who are interested in replicating components.

TRAINING AND TECHNICAL ASSISTANCE

The Center for Family Life concentrates its efforts on providing services to the Sunset Park community and has only a modest capacity for technical assistance and training. The Annie E. Casey Foundation has funded the Center for Family Life to provide technical assistance to the five states involved in its foster care reform initiative, particularly around issues of neighborhood foster family care.

CLEVELAND WORKS

The Caxton Building
812 Huron Road
Cleveland, OH 44115

Debbie Lucci, Family Development Project Director
David Roth, Executive Director

OVERVIEW

Located on two floors of a large landmark building in downtown Cleveland, overlooking the city's new Gateway sports complex, Cleveland Works is a not-for-profit organization dedicated to providing families on public assistance with a real chance to work their way out of the welfare-dependency cycle by motivating, training, and placing parents in full-time jobs which offer good wages health care benefits and the potential for upward mobility. Cleveland Works believes that people cannot escape poverty without lawyers and doctors, counselors and advocates, teachers and trainers working for them. Recognizing that families need more than job training in order to maintain economic self-sufficiency, Cleveland Works has added the Family Development Project, which operates a Head Start childcare center and offers parenting education as well as a comprehensive out-patient health clinic. Cleveland Works now works with over 550 employers; more than 7,000 men, women, and children have been able to stop receiving public assistance since the program began in 1986.

Cleveland Works is an example of a family-supportive welfare-to-work program, which combines funding from the JOBS program with other funding streams. Combining welfare reform initiatives and child welfare reform initiatives may be a promising strategy for supporting families in the future.

HISTORY

Cleveland Works began in August, 1986, working with 35 employers. In 1990, the Family Development Project began providing quality childcare, training individuals to become knowledgeable and effective parents, and offering comprehensive health care services.

The Family Development Project evolved from Cleveland Works' annual summer day camp and from efforts of front-line staff. For Cleveland Works' first four years, corporate representatives/job counselors followed participants during job training and after placement, learning of the challenges they encountered and the needs they experienced. These counselors soon became aware that clients needed more than job training to remain employed. Clients had many life management issues including health issues, need for reliable childcare, and legal problems that significantly affected their ability to remain employed. In response to front-line staff recommendations, management decided to commit resources to design and implement the Family Development Project.

COMPONENTS

- **Job training and placement**
    - 500 hours of job training and skills enhancement
    - Job placement and follow-up service

  Approximately 1,000 public assistance recipients, including children, per year receive these services at an estimated cost of $6,000/placement.

- **Legal department**
  Opens 4-5 cases/day, 1,000 per year.

- **Beat the Streets**
  Job training for economically-disadvantaged, out-of-school youth ages 16-25, mostly unwed parents.

  Between 70 and 100 people are in training at any one time. Cleveland Works places 92 people per year. More than 180 have graduated into well-paying jobs with health benefits.

  Estimated cost is $550,000/year.

- **Family Development Project**
    - Head Start Childcare Center
      Serves 60 children at one time, 85 children/year at an estimated cost of $30/child/day; $340,000/year.
    - Family Works/Family Education
      Newsletter; classes meeting 5 hours/wk (self-esteem, community involvement, health and nutrition, budgeting, parenting education, child development); in-services and workshops on working-parent issues, child development.

- Emergency services
  Includes money for families to pay for utilities and childcare (limited to one time per month while parents are in training, for birth to school-age children—this service disappears upon parent's graduation from program).

- Comprehensive health and mental health services
  Available at Metrohealth Downtown Center sponsored by county hospital system (30% of Metrohealth patients are referred by Cleveland Works)

STAFF

Staff have a variety of different backgrounds. There are no degree requirements for any positions with the exception of teachers and attorneys.

Cleveland Works has a total of 50 FTE employees

1	Executive director	
10	Job training instructors	$20–25,000
6	Clerical staff	$15–20,000
3	Corporate representatives/ retention counselors	$25–30,000
2	Job developers	$25,000
3	Recruiters	$18–20,000

Beat the Streets has 8 employees

1	Project director	$30–35,000
4	Trainer/counselors	$20–25,000
1	Job developer	$25,000
1	Recruiter	$18–20,000
1	Clerical staff	$15–20,000

Legal department

4	Full-time attorneys	
3	Half-time attorneys	
3	Paralegals	
3	Clerical staff	$15–20,000

Family Development Project

1	Project director, B.A.	$31,000
1	Assistant director, B.A.	$25,000
1	Family education specialist B.A. in Early Childhood, certified in Redirecting Children's Behavior, teaching experience	$25,000
3	Teachers B.A. in Early Childhood, Elementary Education, or A.A.	$21,000
1	Office manager/administrator	$20,000

COMMUNITY AND PARTICIPANTS

Cleveland Works is located in downtown Cleveland, a large metropolitan city. The program serves all of Cuyahoga County (pop. 224,000), of which approximately 35–40,000 are AFDC recipients. The program targets people on AFDC or General Assistance who need—and are ready—to work. Participants must meet eligibility requirements to enter the program and must continue to meet the program's standards in order to remain involved. (See Program in Action section of this profile.) Typically, men and women accepted into the program have two children and have been on and off welfare for ten years.

One-fourth of Cleveland Works' Beat the Streets program participants are referred by the juvenile justice system. The Family Development Project is open to all Cleveland Works participants, although there is limited space in the Head Start Childcare Center.

Word-of-mouth is the most effective method of recruiting for the program. Some people find their way to Cleveland Works in response to its ads in local media, utilizing newspapers, television, billboards, bus placards, direct mail, and "take one" cards. The Cuyahoga County Department of Human Services, juvenile justice authorities, and community-based social service agencies also refer participants.

GOALS

Cleveland Works' three main goals are: 1) to help families break the cycle of welfare dependency, and to eliminate any barriers standing in the way of that goal; 2) to provide productive, reliable workers to area employers; and 3) to save public dollars by helping welfare recipients become taxpaying citizens.

PROGRAM IN ACTION

People interested in participating in the Cleveland Works program call the agency and make an appointment to come to Cleveland Works any weekday at 11 a.m. Each person fills out an application and attends an orientation which describes the program and what it expects of participants. A personal interview is conducted with the applicant to help determine if the program will be able to respond to that person's needs. Since 1986, over 17,000 people have been through orientation at Cleveland Works.

If accepted into the program, the client attends a four-week job readiness workshop for three hours each day, Monday through Friday. The workshop focuses on pre-employment, life management, and job retention skills that all employees must possess. For the remaining three hours each day, the client is enrolled in math, English, GED, and legal rights and responsibilities classes. After the job readiness workshop the client progresses to specialized training in a variety of occupation-specific courses.

The next step is job matching. Cleveland Works marketers/job developers bring in job orders from area employers. Each job-ready person is matched with job orders based on his or her strengths, interests, aspirations, and needs. After the job-ready participant is screened, he or she proceeds to an interview with employers (if appropriate), which are arranged by the marketers.

Once hired, the graduate is assigned a Cleveland Works retention counselor/corporate representative who helps with the transition to employment by offering services such as budgeting, counseling, legal assistance, and a clothing and transportation allowance. The corporate representative is also in touch with the employer and can help smooth over any rough spots which might interfere with the graduate's ability to retain the job.

The Family Development Project is available to Cleveland Works participants from the time they are accepted into the program. The only Family Development service which ends upon graduation from the program is emergency childcare.

Approximately 50 percent of the people who go through orientation are accepted into the program. In order to be successful in the program, people must be "job-ready": able to commit the time, to come to the program on time, to meet the dress code, and to have a certain level of skill/education. Those not accepted into the program are referred to other agencies who might be better able to help them. Some, with no work experience at all, are referred to volunteer opportunities. A participant usually takes 12 to 14 weeks to move from the job readiness workshop to employment, although different skill levels and fluctuations in the employment market can increase the time to a year or more.

Cleveland Works and the Family Development Project attempt to create an atmosphere where people feel empowered to ask for help. The individual participant is responsible for obtaining the help he or she needs. There are no social workers or case managers to help the clients navigate the system; rather, all staff are available to clients. Staff members are responsible for following up on issues raised by clients, but there are no formal mechanisms for doing so.

GOVERNANCE

Cleveland Works' volunteer board of directors oversees individual departments through the executive director. Program participants are represented on the board, as are directors of other non-profit organizations and community members active in business, labor, media, job placement, social services, fundraising, and welfare rights. Members of the board of directors are not involved in program administration (hiring/firing); they oversee the budget but do not set it. The legal department has its own advisory board. Attorneys on this board do some pro bono work for the organization and also make fundraising suggestions. There is an employer advisory board as well.

EVALUATION

There have been no formal evaluations to date. However, Family Development tracks all families for five years, once children leave Head Start and go to kindergarten, gathering qualitative and quantitative information. Cleveland Works tracks all clients it serves to see what's getting in their way and to determine if additional services should be offered.

Of those accepted into the program, 50 percent eventually graduate and obtain jobs. Of these, 80 percent retain those jobs for more than one year and 75 percent never return to the welfare rolls, generating three dollars in savings for every dollar funded.

Family Development employees participate in monthly in-service training in child development and early childhood education. Head Start provides funding for teachers to go back to school.

FUNDING

Annual budget: $2,203,600
(excluding health care services)

Sources:

74%	Federal government ▪ JOBS ▪ JTPA ▪ Head Start
4%	State government ▪ Department of Human Services
17%	Private sources
4%	Reimbursable

Cleveland Works
Cleveland, Ohio

Shawn Wright:

I'd first been to Cleveland Works in 1989 and they helped me get a job. I had to leave because of family problems, but I knew it was a good program. The first job I took, I knew lots of places would do drug testing. [Cleveland Works had] told me to always be honest and I was, especially about drugs. I thought I had a situation [with drugs] that I could handle, but I found I couldn't. So when I realized my sickness, I took time out, got myself into a program and got myself straightened up. Then, this year, I went back to Cleveland Works and they were very understanding.

I told them I wanted to get out of restaurant management and enhance my clerical skills so I could find some kind of customer service job. I want to get into the social service field, like the Red Cross, and start at an entry level position. I want to go back to school and work my way up.

But when I went back, I was real honest with them; I knew I wouldn't have been able to keep a job if I'd gone out on interviews right away. So they've worked with me, not only on my job skills, but on life management skills.

I also go down and help at the day-care center because I love children. My children have all gone there. My oldest son is in kindergarten now, but he goes to their summer camp. And my daughter goes there now.

The people at the center are really down to earth. Some of the people there have been through what lots of us are going through — and they never forget where they came from. Like we're ADC [Aid to Dependent Children] recipients and some of them were too. They understand what that's like and they understand what we need to do to survive.

REPLICATION

No formal replication efforts have been undertaken by Cleveland Works. But it has served as model for other programs including: Washington Works (which consulted with all Cleveland Works staff), Orange County Works, Rebuild L.A., and numerous international organizations.

TRAINING AND TECHNICAL ASSISTANCE

Cleveland Works' training capacity is limited. They have provided training to some local agencies, and staff members are available to speak at conferences and workshops. Prices are negotiated on a case-by-case basis. Cleveland Works is developing formal versions of curricula and guidelines used internally, including its parent education curriculum.

EARLY CHILDHOOD DEVELOPMENT AND PARENT EDUCATION PROGRAM

Prevention and Parent Education Division
Child Health and Guidance Service
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73152

Linda Passmark, Director, Prevention and Parent Education Division

OVERVIEW

The Early Childhood Development and Parent Education Program is an impressive, statewide initiative that reaches families in nearly every county in Oklahoma. It is administered by the director of the Prevention and Parent Education Division, Child Health and Guidance Service, Oklahoma State Department of Health. The program was conceived and implemented as a primary prevention effort to reach children between birth and five years of age and their families who had no identified problems or pathologies and who could make use of child development and parenting skills information. As such, the program is a natural fit with the Oklahoma State Department of Health's philosophy of prevention, early detection, and short-term treatment.

Most local programs share a building with their community's public health department. The space typically consists of a play room for the children, a larger meeting room, and perhaps two or three private offices where staff can meet with individual parents and evaluate and screen children.

The shared location promotes an interesting multidisciplinary service delivery model in which the child development specialists (who effectively are the Early Childhood Development and Parent Education Program in local communities) collaborate with other child health and guidance workers (e.g., speech pathologists, psychologists) as well as with medical professionals, nutritionists, family planning specialists, and others to deliver comprehensive physical, behavioral, and developmental services to children and families.

HISTORY

In the 1950s, Oklahoma Health Department officials formed the Child Guidance Service (recently renamed the Child Health and Guidance Service) to provide primary intervention, early detection, and short-term treatment to children in need of mental health or special education services. The program began in two counties on a part-time basis. Through the decades, the Service's Child Guidance Clinics have expanded their services to include prevention, treatment, and consultation for a broader range of child and family related concerns in addition to diagnosis and referral.

The Early Childhood Development and Parent Education Program began with the hiring of a program administrator and three child development specialists in 1974. The program was conceived when a deputy commissioner for maternal and child health services recognized that primary prevention activities were being eroded by the demand for diagnostic and treatment services. He believed that education and support services for parents early in the family life cycle would be more preventive. He hired

COMPONENTS

- **Parent-Child Enrichment Program**
  Designed to enhance parent-child relationships, to reduce developmental lags of children, and to help parents enrich and stimulate their children's environment. The program provides periodic developmental assessments of infants and children in the areas of personal, social, linguistic, and fine and gross motor development. Staff members discuss results and conclusions with parents, including parental expectations and age-appropriate activities. This program is available to all families with children from birth to kindergarten enrollment. Depending on individual family needs, parents and children may be seen weekly for a limited number of weeks, monthly, or only as particular needs or concerns arise. Families are encouraged to return every three to six months to assess the child's progress.

- **Classes, workshops, and support groups**
  Available for groups of parents and organizations to promote the understanding of child development. May include 1) special issue groups for stepfamilies, single-parent families, grandparents, and others who have additional complexities with parenting, 2) age-appropriate groups to discuss issues about specific stages of child development, and 3) parent support groups.

- **Sooner Start**
  Oklahoma's early intervention program for children birth through age three with disabilities and their families. The child development specialist works with other professionals as part of a multidisciplinary team to meet the needs of children with special needs and their families. Home visits are made to determine eligibility and provide services for this program. Services are tailored to the individual needs of families.

- **Information and referral services**
  Link parents with available community resources and help them navigate confusing public assistance programs.

STAFF

1	Director of prevention and parent education Doctoral degree	$44,000
6	Child development supervisors Master's degree in Child Development, Early Childhood Education, Development Psychology	$31,226
63	Child development specialists Master's degree in Child Development, Early Childhood Education, Development Psychology	$29,159

On the local level, staffing of the Early Childhood Development and Parent Education Program usually consists of one child development specialist. (Sixteen counties have multiple child development specialists.)

Each new staff member is given a comprehensive three-day orientation plus ongoing intensive individualized training by a technical supervisor during a six-month probationary period. The state is divided into six regions with the regional supervisors meeting with child development specialists about every other month. Each of the supervisors also provides direct services to families at least two days a week. The division director meets with supervisory staff every other month. All staff meet by region four times a year and in a statewide meeting once a year.

Oklahoma chooses to staff this program with master's-level professionals since the expertise required is considered to be commensurate with that of other clinical service providers in the health department (physicians, pediatric nurse practitioners, speech/language pathologists, psychologists). In recent years several local programs have utilized bachelor's-level staff to provide services under the close direct supervision of the master's-level child development specialists.

The Early Childhood Development and Parent Education Program has maintained a competitive salary range and conducts nationwide recruitment in order to fill open positions. Although very rural positions are more difficult to fill than others, positions rarely stay vacant for more than six months.

an early childhood development professor from the University of Oklahoma to create the state's first publicly funded parent education program dedicated to enhancing parenting skills and strengthening young families. In the early 1970s Oklahoma was enjoying an oil boom and the state legislature had the money to appropriate funding for the fledgling program. The program was designed and implemented as an effort to prevent developmental and behavioral problems by providing assessment, education, and intervention services to children and their parents. Over the past 20 years, the program has expanded to include more than 60 child development specialists. Although the goals and initial components of the program have remained the same, additional components have been added, the most recent of which is the Sooner Start program, part of Oklahoma's Early Intervention Act of 1989 as mandated by P.L. 102-119 (IDEA Part H).

The growth of this program is due in large part to its multidisciplinary approach, its strong alliances with other child health services (such as WIC and well-baby clinics) and child service agencies (particularly childcare, Head Start, and child welfare), and its policy of active outreach. The current network of Child Guidance Clinics throughout the state makes at least some services available in every county.

COMMUNITY AND PARTICIPANTS

Oklahoma is a largely rural state with a few urban centers. More than 21 percent of the state's children live in poverty.

The Early Childhood Development and Parent Education Program is available to all families with children from birth to kindergarten on a sliding fee scale. The program's early intervention component, Sooner Start, focuses on children from birth to age three with disabilities and their families.

Participating populations vary according to community, location of the program within the community, and reputation of the child development specialist and of the county health department. Different community networks and organizational alliances encourage the participation of differing populations. In some communities in which the program is closely aligned with welfare programs or Head Start centers, a higher proportion of low-income families participate. In some counties the program may be linked to hospitals, childcare centers, or schools; in these cases participants are more likely to be representative of the general population. Child development specialist training encourages staff to initiate outreach programs and to undertake activities and linkages that will promote wide participation.

Participants learn about the Early Childhood Development and Parent Education Program in the following ways: 31 percent are referred by local health clinics or other medical services (e.g., WIC, psychologist), 11 percent are referred by the Department of Human Services (some mandated and some voluntary referrals), 24 percent hear about the program via educational and childcare programs, and 32 percent come to the program through word-of-mouth (family and friends).

In 1993, 42,099 clients utilized Early Childhood Development and Parent Education Program services: 7,138 infants, toddlers, preschoolers, and their parents enrolled in prevention or education groups; 11,270 children were screened or assessed; and 19,667 persons participated in short-term parent education workshops. This represents 15 percent of the birth-to-five-aged population in Oklahoma.

GOALS

- To produce effective child-rearing practices
- To reduce stress in parent-and-child interactions
- To promote nurturing physical and emotional environments in the home
- To provide early detection, diagnosis, and intervention for development, behavioral, emotional, social, lingual, audial, oral, and intellectual problems

PROGRAM IN ACTION

Families become involved with the program in a number of ways. Parents may learn about the program through outreach efforts which include articles in local newsletters, parent newsletters sent out by health departments, and displays at and participation in local fairs and other community events. But because most programs are co-located at the local health department, many parents learn about the program while they are visiting clinics for some health-related reason such as a prenatal, well-baby, or EPSDT check-up; an appointment to get their child immunized; or a WIC screening.

At the local level, the Early Childhood Development and Parent Education Program is entirely implemented, and to a large extent planned, by the child development specialist working at the county health department (although some counties employ more than one child development specialist). Child development specialists work closely with other health department personnel, especially Child Health and Guidance Service co-workers such as speech pathologists and psychologists. And so, to participants, this program would probably not be easily distinguishable from the larger range of services they receive from the county health department. These may include: individual and group preventive mental health services, case management services, well-baby check-ups, prenatal exams and consultations, family planning, WIC, speech and language services, and other psychosocial and medical services.

When parents come to the Early Childhood Development and Parent Education Program they are encouraged to join group activities at the center, such as support groups or parent/child activities. Staff also will assess children's development, speech, and hearing to detect problems early.

Infants and toddlers with developmental delays or diagnosed physical or mental conditions are referred to the Sooner Start component of the program. Child development specialists participate on interdisciplinary teams that assist parents in enhancing their children's development. They often provide these services in the home.

Although most group activities occur at the center, staff often conduct special workshops and sessions outside the center for groups at churches, schools, libraries, or childcare centers.

Local programs have many formal and informal agreements with other agencies and programs to facilitate cross-referrals and appropriate consumer awareness and utilization of services. In many communities, staff serve as consultants to Head Start, preschools, day-care centers, youth service programs, and other agencies that serve children and families.

FUNDING

Annual budget: $3–3.5 million

Sources:

60%	State appropriations
30%	County mill levy
10%	Income from contracts and fees (including Medicaid [EPSDT] reimbursement) and contributions

Participants are charged fees on a sliding scale, but no one is refused services for inability to pay.

GOVERNANCE

Technically, the director of the Prevention and Parent Education Division oversees the program. This director reports to the chief of the Child Health and Guidance Service who is responsible, eventually, to the Commissioner and the Oklahoma Board of Health. However, the local health department administrator in each county actually administers all local health department programs including the Early Childhood Development and Parent Education Program. This administrator decides whether to incorporate the program into the local health department, and is ultimately responsible for hiring child development specialists. However, district child development technical supervisors are involved in interviewing and hiring decisions. The director of the Prevention and Parent Education Division provides supervision to the technical supervisors, who in turn have close working relationships with county health department administrators.

Some of the Child Health and Guidance Service programs have local boards of directors which serve in an advisory capacity.

EVALUATION

Through the Client Abstract Record, a statistical reporting form, data is kept on the number of clients and client contacts; client age, sex and race; and services provided. However, specific program evaluation data is limited.

The National Institute of Mental Health funded a collaborative evaluation project of the Department of Mental Health and Substance Abuse Services, Oklahoma State University Extension Service, and the Oklahoma State Department of Health. The project evaluated parent education group services offered to at-risk parents through child guidance clinics and area vocational technical schools from spring 1987 through fall 1990. This evaluation found that participants in a parent education program who had high scores on the Child Abuse Potential Inventory had reduced these scores after successful completion of the program.

REPLICATION

The program started with three child development specialists and has expanded to 63. Early Childhood Development and Parent Education Program services are now available to some degree in all 77 counties in Oklahoma.

TRAINING AND TECHNICAL ASSISTANCE

Although Oklahoma has not formally trained others, it is clear that their long and diverse experience will be invaluable to others trying to set up state networks. The Early Childhood Development and Parent Education Program is currently in the process of creating several documents which will be very helpful to other states: a set of protocol for the Sooner Start early intervention program, the *Child Development Handbook*, and a training manual for supervisors.

EARLY CHILDHOOD FAMILY EDUCATION

Minnesota Department of Education
992 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101

Lois Engstrom and Betty Cooke, Program Directors

OVERVIEW

Minnesota's Early Childhood Family Education (ECFE) is a program for every family in the state with children between birth and kindergarten enrollment. It recognizes that families provide their children's first and most important learning environments and that parents are children's first and most significant teachers. ECFE's mission is to strengthen families and support the ability of all parents to provide the best possible environment in which their children can grow and develop.

The breadth and depth of ECFE make this program unusual. It is committed to universal access for all families. ECFE operates in 380 out of a total of 392 school districts, involving more young children and their families than any other publicly sponsored early childhood service or program in Minnesota. Approximately 40 percent of Minnesota's young children and their parents participated in ECFE during 1992–93. The program's universal availability avoids the potential stigma and labeling that can be associated with targeted programs.

ECFE starts at birth because the first years are so critical in a child's development. During this period, parents tend to be most receptive to information and support. ECFE helps them acquire the skills needed to be effective parents, especially at a time when families are under increasing stress from economic and social problems.

ECFE most frequently offers its activities in school buildings, but it uses many settings, including health clinics, storefronts, low-income housing, homeless shelters, churches, and community centers. Home visits allow for one-on-one services and consultations.

HISTORY

ECFE was developed between 1974 and 1983 through a series of pilot programs funded by the Minnesota state legislature through the state Department of Education and coordinated by the Minnesota Council on Quality Education. The president of the state senate, a former educator, strongly supported the idea of the program in the state legislature, which, in 1984, passed legislation authorizing any school district with a Community Education program (a unit of educational services in Minnesota public schools that recognizes education as a lifelong process and involves everyone in the community in educating all members of the community) to establish an ECFE program. Since 1984, the program has expanded from 34 pilot projects to its present size; it is the oldest and largest family education and support program in the country.

COMPONENTS

Although ECFE programs vary from district to district, most programs include the following components:

- **Parent discussion groups**
- **Play and learning activities for children**
- **Special events for the entire family**
- **Home visits**
- **Early screening for children's health and developmental problems**
- **Information on and referral to other community resources for families and young children**
- **Libraries of books, toys, and other learning materials**

STAFF

On the state level, ECFE is administered by two professional staff and one clerical worker at the Department of Education:

2 Early childhood and family education resource specialists: $43–50,000
1 Clerical worker who is paid on school district scale

Professional staff have post-graduate education in child development, education, and family relations. State education agency staff provide technical assistance, coordinate a statewide in-service training network, facilitate major evaluation efforts, and provide ongoing leadership for program development and collaborative initiatives.

BEST COPY AVAILABLE

On the local level the size of each program varies, but the staff of an "average" program is as follows:

Professional staff: $15–30/hour
- 1 Program coordinator
- 1 Parent educator
- 1 Early childhood educator

Professional staff must possess either a parent education or an early childhood education teaching license.

Paraprofessional staff: .... paid on school-district scale
- 1 Teacher's aide
- 1 Clerical worker
- 1 Home visitor

Any of the staff listed may be full- or part-time depending upon the needs of each local school district program and the configuration of staff used. In smaller communities, coordinators and educators may work in two or more programs, thus creating positions closer to full-time.

ECFE employs approximately 4,000 people in total.

Training of staff occurs twice a year on a "train-the-trainer" model: representatives from each of the state's 11 districts are trained, and they in turn train others in their district.

The ECFE regional in-service training system is supervised by one of the Early Childhood Family Education state specialists. Two local ECFE staff from each of the 11 service regions of the state volunteer to lead a session in their area. The state specialist plans and prepares the training for the leaders along with a small team of experts on the topic of focus. These teams work with the specialist to conduct one train-the-trainer session on each topic for 22 statewide leaders. Recent topics have included: Home Visiting in Early Childhood Family Education, Enhancing Parent/Child Interaction in ECFE, Levels of Family Involvement for Parent and Family Educators, and Building Healthy Identities: Educating Ourselves and Our Children to Counteract Bias and Stereotypes. Future topics include fathering and ECFE's role in preventing violence.

The state specialists provide extensive information to local ECFE programs through regular newsletters about current training opportunities available throughout the state. The specialists also provide technical assistance as needed to local programs.

COMMUNITY AND PARTICIPANTS

ECFE is accessible to 99.6 percent of Minnesota families with children four years of age and under. Statewide, 92 percent of the families served are Caucasian and 8 percent are non-Caucasian; in the major urban centers of Minneapolis, St. Paul, and Duluth, 35 percent of participants are non-Caucasian (including a substantial Hmong population). Statewide, 25 percent of the families served live in poverty; in the major cities, 50 percent live in poverty.

Families often learn of ECFE through word-of-mouth. However, centers also engage in extensive outreach including: referrals from other agencies, door-to-door canvassing, presentations at local events, distribution of pamphlets, brochures, and public service announcements.

GOALS

- To support children's optimal physical, intellectual, social, and emotional development during the important early years of life
- To encourage parent involvement in children's learning, development, and education
- To help parents develop informed, realistic attitudes and expectations about raising children
- To promote effective communication between parents and children
- To encourage healthy relationships between parents and children
- To help parents develop and strengthen support networks which enhance effective parenting
- To encourage development and effective use of community resources for families
- To help prevent child abuse, family violence, and other negative family outcomes.

PROGRAM IN ACTION

Typically, a family attends a weekly two-hour session that includes parent-child interaction time and additional learning opportunities for the children while parents participate in discussion groups. Families that need more or different services may receive home visits and other specialized programs. ECFE also offers special services for single parents, teen parents, parents of children with disabilities, and employed parents. Each site designs its programs to meet the needs of families in its community.

Programs work closely with education, health, and human service agencies to assist parents and children in obtaining other needed services. Most of these linkages are informal, although ECFE is moving toward the development of more formal, written agreements. ECFE staff work especially hard to nurture relationships with school personnel and policymakers within the K-12 system to ensure a continuum of learning and parent involvement.

The professional staff members of the Minnesota Department of Education who administer ECFE also supervise two other statewide family support programs that have linkages with ECFE. One program, Way to Grow, established in 1989, promotes children's development and school readiness by coordinating and improving access to community-based services that support parents in meeting their children's health and developmental needs at the earliest possible age. Most recipients of Way to Grow funds are ECFE programs. This additional funding permits those programs to implement more intensive strategies that the programs could not support with their basic funding. The other statewide program with linkages to ECFE is Learning Readiness, established in 1992. It targets four-year-olds, using existing resources to meet the health, nutrition, education, and social service needs of the participating children to enhance their future success in school. Many families participate in both ECFE and Learning Readiness.

GOVERNANCE

Each ECFE program is required to have an advisory council to help match the program to the needs of the community. Parents participating in ECFE must comprise a majority of the advisory council membership. In addition to a majority of participating parents, advisory councils include other school district personnel, nurses and doctors, representatives of childcare agencies, Head Start and other community early childhood programs' staff, law enforcement officials, clergy, and others involved with young children and their families.

Programs are locally governed by the board of education and advisory councils for each school district program as designated in the legislation governing ECFE. Two state specialists provide technical assistance to local program staff and advisory councils, but there is no state-level governing body overseeing ECFE.

EVALUATION

Staff from a statewide sample of 24 ECFE programs worked with an outside evaluator in 1992 to study the program's effects on parent participants. One hundred eighty-three parents were interviewed pre- and post-participation in ECFE. Of all parents, 61 percent (67 percent of single parents and 59 percent of teen parents) indicated changes in the ways they saw themselves and behaved as parents after a year of participation in an ECFE program. Their responses indicated five overall themes of change:

❶ Increased feelings of support from others

❷ Enhanced confidence and self-esteem as parents

❸ Increased knowledge, awareness, and understanding of child development and of the parent's role in it

FUNDING

Annual budget: $30 million

Sources:

Funding for Early Childhood Family Education is based on a statewide funding formula that combines state public education funds with a local school district levy through a formula which provides guaranteed equalized revenue based on a district's population of children birth through four years of age. This funding may be supplemented with registration fees and private funds from other sources. The following is a picture of total state funding:

43% State government
- Department of Education

57% Local school districts
- Property tax levies

ECFE estimates that it costs about $300 per participant to offer the basic program (parent education, early childhood education, and parent-child interaction).

Local ECFE programs often seek funding for their programs beyond state aid and local-level funding. Examples of sources of funding include foundations, state and federal grant money available through related initiatives for families and young children, and local charitable organizations.

Early Childhood Family Education
St. Paul, Minnesota

Roxy Foster:

I first started going to the program because a friend suggested it. She kept putting brochures on my desk; she said I should come and bring my little boy, and I'd say, "Yeah, yeah" and never follow up. Then, when my son was 18 months old, I went to one of the Family Fun Nights and really enjoyed it. So I signed up for a class. During the class I realized how much I'd forgotten from my childhood; I'd grown up in a violent, abusive home, so I'd forgotten a lot on purpose. I realized that this was the place for me to be.

After about six months I realized that I needed to go. I'd hate it when my son was sick because that meant that I couldn't go. It was so good to be with other parents. There were so many cultures, so much diversity. People wore their scars both on and underneath their sleeves. It was a real network of support.

It was also good for my husband. We're his second family and he went to the Dads and Kids activities. I think he's changed more diapers now than he did with his kids from his first marriage. He's gained a lot of support, and gotten answers to questions he didn't even know he could ask.

I would not have been a productive citizen without this program and I know for a fact that my children would have been abused. I lived with both physical and sexual abuse; I don't think there would have been any sexual abuse, but I'm sure there would have been physical abuse. When you live in violence, your knee-jerk reaction is to be violent back. My first child was so mellow, but my daughter was very demanding. I couldn't have coped with her without this program. I even quit my job and went into counseling (not at the center but they helped with referrals). When we were going through a unit on kids' feelings at one of the parents' meetings I realized that I'd never been able to have some of those feelings as a child—and it recalled for me all the violence from my old childhood.

I was recently asked to become the coordinator for the National Parenting Association for Minnesota and I see myself as a voice for parents. If I could have a dream come true, it would be to change federal legislation so it would incorporate Head Start with early childhood family education. When I was in the program I was with the same early childhood coordinator for seven years. That really built a bond and trust. We all need help. So many of the parents who use Head Start have such issues with trust. And their kids aren't in the program long enough to build those bonds. We need to continue that support system into the early school years. And we need to realize that parent involvement can come in so many different forms.

❹ Changed perceptions and expectations of themselves as parents and of their children based on this increased knowledge, awareness, and understanding

❺ Changes in their own behavior based on increased self-confidence and knowledge and different expectations of their children and themselves (e.g., stopping to listen and think before acting with their children).

Extensive evaluation of ECFE occurs at the state and local levels. Local programs regularly collect parent satisfaction information at the end of class series. Data on services offered, participant demographics, and program staffing are collected each year at the local level and are submitted to the state office to yield statewide information. A major outcome study—Changing Times, Changing Families—was completed in 1991, and a second phase of this study is underway through funding from the McKnight Foundation and the Minnesota legislature. The study includes information on the impact of ECFE on children.

REPLICATION

ECFE credits the ten-year-long pilot phase before the program went statewide with much of its success. Planners could identify and correct problems before the program was replicated on a large scale. They were also able to build a strong base of political support. Participating parents have been the strongest, most eloquent advocates with the state's legislature when it has considered questions of expansion.

ECFE emphasizes the need for flexibility when implementing such a program. ECFE has a very strong program philosophy, but no one program model. Each community must adapt ECFE program implementation to local needs. No single curriculum is used with parents and children in all local ECFE programs. Local staff select and adapt a wide array of curriculum resources to meet the needs of families they serve. The state ECFE Curriculum Committee has developed criteria for resource selection and is currently updating its Resource Guide for Early Childhood Family Education Programs that lists hundreds of curriculum resources related to the broad range of topics addressed in ECFE.

TRAINING AND TECHNICAL ASSISTANCE

Individualized training and site visits can be arranged: prices are negotiable. A *Guide for Developing Early Childhood Family Education Programs* and a packet of informational materials are available to those starting programs in Minnesota and other states.

FAMILY DEVELOPMENT PROGRAM

University of New Mexico
Onate Hall
Albuquerque, NM 87131-1231

Edith Menning, Program Manager

OVERVIEW

The University of New Mexico's Family Development Program (FDP) is dedicated to creating opportunities for low-income families to exercise power and self-determination in governing their own lives. The program's mission is to enhance and sustain healthy families and communities in which people make their own decisions, take their own initiative, help and support each other, and have a strong sense of belonging. The program annually serves approximately 150 families, the majority of which are Latino and African American.

The Family Development Program has evolved through a process of participatory design in which staff and community residents act as equal partners in program design and implementation. Ongoing assessment of community needs continues to lead to the development of new program components. The program's "seamless" continuum of services—prenatal, preschool, and after-school programs—has had a significant impact on children and families in the communities it serves.

FDP is also a department of the University of New Mexico and has an administrative office there. Its field office, which functions as a drop-in counseling center, is located in a neighborhood community center. Because of space limitations at the field office, FDP offers its services in various churches, schools, and public buildings. Four preschool programs meet in City of Albuquerque Parks and Recreation Community Centers; another program makes extensive use of home visits.

HISTORY

In 1985, the University of New Mexico received a grant from the Holland-based Bernard van Leer Foundation to provide educational assistance to young families residing in Albuquerque's South Broadway community. The new project named itself the Family Development Program, established a field office in the community, and began to assess the needs of community members and its own options for service provision.

Unlike other grant-funded programs operated by the University and other local entities, FDP did not begin with a detailed plan of operation. Needs assessment was left largely to community residents, on the theory that they were greater "experts" in this area than the professional staff. Similarly, the project's proposal or award document did not spell out the design of services. In line with the van Leer philosophy, program staff and participants together were charged with designing a service system that would meet the community's self-defined needs. Staff began by knocking on doors, asking parents what they wanted for their children. The

COMPONENTS

- **Escuelita Alegre**
  Four half-day, licensed preschool programs offer a bilingual development curriculum with extensive parent involvement. Serves 80 families per year at an estimated cost of $176,350.
- **Baby Amigo/Parent-Infant Education Project**
  Provides educational support for families during the critical periods of prenatal development, infancy, and early childhood. Serves 30 families per year at an estimated cost of $53,500.
- **After-school program for elementary school students**
  Promotes self-esteem and encourages high degree of parental involvement. Serves 40 families per year at an estimated cost of $81,000.
- **Family support**
  Licensed social worker provides counseling and family therapy, crisis intervention, and peer support groups (for grandparents, fathers, single mothers, etc.), and information and referral services on a drop-in basis. Serves 150 families per year at an estimated cost of $50,000.
- **Training/Dissemination**
  Staff at the University of New Mexico administrative office provide technical assistance and consulting to 40 family support programs throughout New Mexico based on FDP's model and program practices. Estimated annual cost is $171,650.
- **Interagency Team**
  A collaborative effort of 35 agencies dedicated to the provision of comprehensive services for families.

STAFF

At the program level, there are 20 staff. Most of the staff who work directly with families are bilingual.

Administration		
2	Director/Program evaluators	$38,000
1	Secretary	$16,000
Baby Amigo		
1	Project coordinator (full-time)	$25,000
1	Project coordinator (half-time)	$10,000
Escuelita Alegre Preschool		
2	Certified teachers	$28,000
4	Teacher aides	$15,000
1	Administrator (3/4-time)	$13,000
1	Clerical worker	$15,000
After-school program		
1	Coordinator	$21,000
4	Instructors (half-time)	$ 9,000
Family support project		
1	Coordinator Licensed social worker	$29,000
Training/Dissemination project		
1	Training/Dissemination coordinator	$25,000

FUNDING

Annual budget: $606,438

Sources:

- **63%** State government
  - State legislature
  - Department of Children, Youth & Families
- **13%** Local government
  - City of Albuquerque
  - Bernalillo County
- **24%** Private sources
  - Bernard van Leer Foundation
  - General Mills Foundation
  - US West Foundation

community determined that preschool education was the community's primary need. Parents wanted a school where they, too, would feel at home, and thus Escuelita Alegre, a preschool, was developed.

Over the years, families' evaluations of their needs have led the program to extend services to: pregnant women, infants, and toddlers through the Baby Amigo project; elementary school students through the My True Colors after-school project; and parents through a range of adult education, peer support, and leadership development activities.

COMMUNITY AND PARTICIPANTS

The program works with families living in the South Broadway and South Valley communities of Albuquerque, both low-income, urban areas. Populations of both communities are predominantly Latino (both indigenous New Mexican and Mexican immigrant), although the South Broadway community is approximately 40 percent African American. Criteria for participation in the Family Development Program include low-income status (i.e., the federally defined poverty level), a willingness to participate in program activities, and the presence of a child under 12 in the home. Community residents generally meet eligibility requirements.

Participants learn about the program through word-of-mouth, flyers, and referrals from local Maternity and Infant Care Project clinics.

GOALS

The goals of the program are to:

- Provide educational opportunities for low-income families based on their self-defined needs
- Enhance the cognitive, linguistic, social, and emotional development of their young children
- Assist other agencies, programs, and policymakers in addressing the needs of low-income families and young children in a responsive and effective manner

PROGRAM IN ACTION

The Family Development Program's field office is the central point of contact for community residents. It consists of two rooms in a former school building (currently an office building used by community agencies) in the South Broadway neighborhood: in one room a licensed clinical social worker provides counseling services; in the other, meetings are held. The FDP field office is conveniently located just down the block from one Escuelita Alegre program. Families can drop in to the field office to learn about the various program activities offered, to enroll their children in the Escuelita Alegre, or just to chat with program staff.

On any given day, most of the parents enrolled in FDP are participating in some kind of program activity. Two or three can be found in each of the program's four Escuelita Alegre classrooms—teaching children, helping teachers, presenting curricular activities they have created. Others are meeting nearby to discuss program policies, interview potential staff, or plan fundraising campaigns. Parents of newborns are hosting staff visitors in their homes. Parents of elementary school children are setting the agenda for a PTA meeting. Some parents may be planning a legislative lobbying effort, a community march against drug abuse, or a presentation for a local workshop. A few are visiting neighbors to recruit new program participants or to provide support.

The Family Development Program is "revolutionizing" the communities it serves in that it is creating stability and helping families take control of their lives. Many parents have been inspired to get their GED or continue their education. The preschool program and family support services have helped parents play more effectively with their children and stimulate their development.

Parents have played a major role in program governance since the program began. Through the Parent Advisory Board, it is largely parents who determine the goals and directions of the program. For example, in 1986, in response to parents' requests, the Family Development Program established the South Broadway Interagency Team to provide comprehensive, coordinated services to families. Team members are drawn from the staffs of 35 agencies working in the areas of health, education, employment, legal services, and consumer affairs. They offer classes to parents on accessing community resources. Parents who complete the course receive certificates and are encouraged to act as information sources for others in their community. Team-sponsored community education fairs have offered parent education along with food and entertainment. The Interagency Team has been developing a community-guided Family Development Center, based on interagency collaboration, which would integrate programs for people from infancy through adulthood.

GOVERNANCE

The advisory board of the Family Development Program includes local parents, community leaders, mental health professionals, educators, and political officials. The board assists the program director in formulating policy, utilizes members' organizational networks, publicizes the program, and consults on specific questions.

Escuelita Alegre has its own parent advisory board. This board has evolved from an informal group of eight parents whose discussions gave birth to Escuelita Alegre into a dynamic organization comprised of a variety of working committees and directed by a central coordinating committee of parents and staff. As they participate in the board's diverse activities—which include fundraising, curriculum development, community activities and setting program policies—parents gain the skills and self-confidence that make them more effective educators of their children, as well as more influential members of their communities.

EVALUATION

Over its first six years (1985-1990), the Family Development Program was evaluated by an external contractor in terms of the project's progress in meeting five initial goals: 1) developing an operational model; 2) meeting the educational and developmental needs of young South Broadway children and their parents; 3) providing adult education options; 4) developing the potentials of paraprofessional staff members; and 5) influencing early childhood and family education policies at local, state, and national levels. The project met 85 percent of its objectives.

Currently, the program is conducting an internal, formative evaluation to assess how well the program is meeting families' needs. Random interviews with families will be conducted once a year. In addition parent surveys will continue to be done on a regular basis. Parent feedback is a crucial part of refining program components and initiating new projects.

REPLICATION

With a $30,000 grant from the General Mills Foundation, the program has begun to replicate its working methodology in Alameda, a suburban community of Albuquerque. Program components and services will inevitably change as this community defines its needs.

TRAINING AND TECHNICAL ASSISTANCE

This year, the program is funded by the New Mexico state legislature to train other agencies—at no cost. Staff are currently deciding on training fees for next year.

The Family Development Program produces books ($7.95 each) and videos ($19.95 each) which cover various aspects of the program's development and methodology. In addition, descriptions of the Interagency Team's service delivery system and its system for interagency referral are available through the Family Development Program.

FAMILY FOCUS, INC.

310 South Peoria, Suite 401
Chicago, IL 60607

Maureen Patrick, Executive Director

OVERVIEW

Founded in 1976, Family Focus, Inc., is a not-for-profit family resource and support agency that operates four community-based drop-in centers and has five sites in the Chicago area. It provides innovative leadership in promoting the optimal development of children by supporting and strengthening families.

Family Focus is committed to improving the lives of children and their families with a variety of educational and support services. Staff at each center teach parents how to stimulate the natural curiosity of young children and prepare them for a successful school experience. Family Focus programs offer teenagers positive alternatives to dropping out of school or becoming teenage parents. In each of its communities, Family Focus provides resources to families within the context of their own cultural systems. At each center, professionals in social work, child development, and counseling work with trained community members and volunteers to provide structured activities and classes, as well as drop-in times and home visits. Parents work with staff to formulate program plans and policies. As trust and friendship develop between staff and parents, staff members can quickly provide appropriate assistance ranging from warm words of advice to skilled crisis intervention. Parents are encouraged to develop their capacities as parents and as community leaders.

Program settings vary from one site to another. One center shares space (two floors) with the local YMCA, another is located in a storefront in a strip shopping mall, another in a former elementary school building.

HISTORY

Family Focus was founded in 1976 by Bernice Weissbourd, one of the pioneers of the family support movement. The various centers were established between 1976 and 1982. The first site was opened after a year of planning by Weissbourd and a committee of faculty from the University of Chicago School of Social Service Administration and the Erikson Institute of Loyola University. Subsequent sites were opened after extensive consultation with community leaders and service providers. Some parent focus groups as well as door-to-door surveying also were used to elicit input from families.

Although Family Focus initially developed services to address the needs of parents with young children, it expanded its scope to include the needs of teens at risk of early parenthood.

COMPONENTS

Each site offers both center-based and home-based activities. While components vary from site to site, the most common ones include:

- **Information and resource referrals**
- **Parent support and discussion groups**
- **Life skills training**
- **Drop-in services**
  For one-time workshops or classes.
- **Primary prevention services**
  For youth.
- **Parenting and health care classes**
  For pregnant and parenting adults and teens.
- **On-site childcare**
  While parents attend activities.
- **Transportation services**
- **Case management**
- **Parenting education**
- **Family literacy**
- **Recreational activities**
- **Special activities**
- **Advocacy**

STAFF

Family Focus employs a total of 80 staff; 12 of these are part-time and 12 are central office staff. Family Focus Evanston employs 25 full-time—equivalent staff members; Aurora has 8; Lawndale has 24; and Nuestra Familia has 11.

Staffing varies from site to site, depending on the services offered. The following description of the Lawndale site staff can serve as an example:

1	Center director	$35–45,000
1	Department of Human Services coordinator	$20–35,000
1	Project director	$20–35,000
2	Parenting coordinators	$20–35,000
1	Primary prevention coordinator	$20–35,000
1	Project Success coordinator	$20–35,000
1	Family services coordinator	$20–35,000
1	Special activities coordinator	$20–35,000
1	Community services coordinator	$20–35,000

Paraprofessional staff:

2	Program service workers	$13–20,000
2	Home educators	$13–20,000
2	Home visitors	$13–20,000
4	Parent group facilitators	$13–20,000
2	Parent/family advocates	$13–20,000
5	Child development assistants	$13–20,000
1	Health educator	$13–20,000
1	Nutritionist	$13–20,000
1	Maintenance worker	$13–20,000
1	Administrative assistant	$13–20,000

Professional staff typically have degrees in early childhood development, social work, or education. Paraprofessionals have high school diplomas, associate degrees, or have completed some college work.

All staff receive both pre-service orientation and customized on-the-job training. Staff at all Family Focus sites receive in-service training together twice a year. In-service training is designed around staff needs and common issues that confront staff in their day-to-day work. The purpose of this training is staff enrichment and enhancement of skills.

COMMUNITY AND PARTICIPANTS

This multi-site program operates in inner city, suburban and small city-settings.

Family Focus Lawndale is located in a low-income African American neighborhood of Chicago and focuses on serving parents of children from birth through three years of age as well as pregnant and parenting adolescents and their children and extended family members and other teens at risk of pregnancy. Nuestra Familia, located in Chicago's West Town neighborhood, serves a low-income Latino population, most of whom are new immigrants. Family Focus Aurora is located in a small city 40 miles west of Chicago and primarily serves African American and Latino pregnant and parenting adolescents and their children and extended family members and other teens at risk of pregnancy. Family Focus Our Place in Evanston serves low-income African Americans, targeting pregnant and parenting adolescents and teens at risk of pregnancy. School District 65 Family Focus is a collaboration between the Skokie/Evanston school district and Family Focus to help parents better prepare their children for school. This program is school- rather than center-based and is located in a racially diverse, middle-income suburban community.

Any family with a child ages birth through school-age is eligible to attend a Family Focus center. Participation in any of the Family Focus programs is voluntary and most participants learn about the program through word-of-mouth. Others are referred to the program by community or state agencies or through center outreach activities such as door-to-door canvassing, or school presentations. Approximately 3,000 families participated in Family Focus programs last year.

GOALS

The overall goal of the program is to provide parents, especially those with children under the age of three, the support, information, and skills they need to promote optimal development of their children. The program also strives to provide social and educational support for adolescents at risk for pregnancy, substance abuse, gang involvement, school failure, or other negative outcomes.

PROGRAM IN ACTION

Depending on the range of activities offered at a center, participants may include parents, young children, pregnant and parenting teens, non-parenting teens considered at risk for early pregnancy or school dropout, and other family members. When working with children and adolescents, Family Focus is quite intentional about involving their parents.

The different Family Focus centers work closely with community groups and other agencies in their areas. Family Focus Aurora, for example, receives broad community support through networking with other organizations. The women's auxiliary of a local church provides meals as well as volunteers for the teen parent program. Aurora Township Youth Services provides transportation and recreation for the at-risk youth involved in the primary prevention program.

District 65 Family Focus in Evanston subcontracts with a local school district to operate Project Early Start, a home-visiting program that targets families with children between birth and three.

Family Focus Lawndale and Chicago Cities in Schools developed a joint proposal for coordinating services to students and their families at two public schools in the community. The Lawndale center also has been a leader in the Children, Youth, and Families Initiative of North Lawndale, which has received a private foundation grant to develop a comprehensive plan for the local social service system.

Family Focus Nuestra Familia focuses on three themes: literacy, parent/child relationships, and leadership. Through a subcontract with the Chicago Board of Education, it developed the Play 'n' Learn program, which incorporates informational presentations, videotaped parent/child activities, discussion groups, and the writing of a story by parents and children. The center also is proud of its classes in ethnic crafts, dancing, and sewing, which help the Latino participants examine their own and other cultures.

Family Focus maintains work agreements with the following types of private and governmental agencies:

- Illinois Department of Public Aid—to help quickly resolve problems involving families' cash assistance grants or other problems
- Various hospitals and community health clinics—to provide developmental screening, prenatal care, immunizations, and other health care services
- WIC
- Childcare centers, Head Start and Pre-K programs—for priority "slots" for Family Focus families who need care
- Schools—Family Focus sites often station a worker in the school to aid the school's social worker or counselor
- Police department—to provide workshops and presentations on gang prevention and other topics
- Local substance abuse treatment facilities—to provide presentations and counseling on substance abuse issues

In addition, staff represent Family Focus on boards of other community-based organizations.

GOVERNANCE

Each site has a community advisory board comprised of parents, local service providers, and other community members who provide input and guidance in program design and implementation. Family Focus regularly surveys both youth and adults regarding their satisfaction with the available programs.

Family Focus's executive director reports to a governing board of 35-40 members who represent local businesses, the media, institutions of higher education, community development agencies, health care agencies, and the legal professions. A representative from each site's community advisory board also sits on the governing board.

FUNDING

Annual budget: $2.5 million

Sources:

36%	Government
	Community Development Block Grant
	Illinois Department of Children and Family Services
	Aurora School District No. 131
	City of Evanston
	Chicago Board of Education
	Evanston School District No. 65
	Evanston Mental Health
	Illinois Department of Public Health
	Illinois State Board of Education
	Infant Mortality Reduction Initiative
24%	Ounce of Prevention Fund
16%	Foundations and trusts
8%	Corporations
6%	Individuals/family foundations
6%	Rental income
2%	Parent fundraising
1%	Interest income
1%	Training income

Family Focus
Evanston, Illinois

Sandra:

The main reason I got involved with Family Focus was because I was a drug addict. I was an addict for 18 years.

I myself came from a very dysfunctional family and [was married and] had my first child when I was 16. I had absolutely no parenting skills whatsoever, because I left home at the age of 12. To me, the lifestyle I was living was normal and I knew no other kind of lifestyle. Family Focus kind of put guidance behind me and put me on track. They've stayed with me and been really supportive. In fact without them I probably would have been in the penitentiary and my children in all different directions, in foster homes. I was committing crimes. They weren't violent, but yeah, I was committing crimes.

My children were very dysfunctional as a result. I have one child who's in special ed as a result of my drug use while I was pregnant with her.... But when you're a drug addict you're in denial. Everything's fine! And, anybody tries to tell you anything — well, they don't know what they're talking about! If it hadn't been for Family Focus, God only knows where I might have been.

My children have gained a lot from being involved with this program too. Actually, they got involved before I did because Family Focus reaches out to the schools. And my daughter got involved with a program at the other center and had to have a parent's permission. And the staff could see that I had problems—really serious problems! But I wasn't ready to deal with them then. But they were there when I needed them.

I can remember things from when I was a child and I swore I'd never treat my kid like that. But I found myself doing a few things that my mother used to do. So learning what was right and what was wrong—I mean, children need consistency and stability and routines. If I wrote down what life was like before, it'd be a real mess. Parenting classes really help. It just helps to talk with others to make yourself feel like you're not going crazy.

They give us a lot here, and I try to give back.

I have nine children and I also have to tell you that two of them are adopted. They were crack babies and I brought them home from the hospital right when they were born. People said I was crazy to take them in, but everybody needs love, right? Especially these kids.

EVALUATIONS

Family Focus conducts both formal and informal evaluations of its programs.

The University of Chicago and the Erikson Institute for Advanced Study in Child Development completed a quantitative evaluation demonstrating that the program has increased participants' knowledge of child development and childcare, has raised parent competency, has helped children improve performance in early developmental tasks and social skills, and has increased the development of firm, lasting peer support systems which decrease isolation and enhance self-esteem.

On an informal level, a computerized tracking system is capable of producing quantitative data about how many families participate, how many times, in what activities, etc. In addition, participants are surveyed about satisfaction of services provided. Center workers meet weekly to discuss progress of families and to make improvements to programming as needed.

REPLICATION

Family Focus has replicated family resource centers and drop-in programs at seven sites, in seven different communities, five of which are still operating. The original Family Focus model has been adapted and revised over time by each community in which the program has been replicated to reflect the ethnic, racial, and economic characteristics of that community and to meet the community's specific needs.

TRAINING AND TECHNICAL ASSISTANCE

A key mission of Family Focus has been to serve as a model and resource to programs around the country. In 1990, it launched a training division to work with organizations and individuals interested in creating or managing community-based family support programs, or incorporating family support principles into other systems.

The training division is in the process of developing several models of parent, school, and community partnerships, and exploring the issues of collaboration between school systems and family resource programs.

Family Focus offers two basic training sessions for others: (1) a basic course on providing family support services and (2) specifically tailored courses on such topics as how to do mentoring programs, cultural relevance, facilitating support groups, proposal writing, and other topics. Training sessions cost $75/hour or $500/full day. Training on-site at a Family Focus center is $100/half-day.

THE FAMILY PLACE

3309 16th Street NW
Washington, DC 20010

Ana Maria Neris, Executive Director

OVERVIEW

From a beginning of working with newly arrived Central American refugees, the Family Place has grown to serve a multicultural community in Washington, D.C. Working with 550 families a year, the Family Place has two locations: the first is a three-story townhouse in the Mount Pleasant/Adams Morgan neighborhood in the heart of Washington's Latino community; the second, the New Community Family Place, is in a large rowhouse in the largely African American Shaw neighborhood. Located in residential buildings, both sites aim to create a warm, nurturing, homey atmosphere—a place where parents feel welcome to drop in and comfortable once they're there.

The opening of the Shaw center, the New Community Family Place, offers an opportunity to learn from Family Place's replication of its culturally responsive family-supportive programs in another neighborhood with a different target population. New Community's services and activities are modeled after those at the Mount Pleasant site. However, New Community staff have had to tailor services to meet the needs and address the issues of African American families. (Because it has taken longer than anticipated to establish the New Community Family Place, and therefore it is still in its start-up phase, this program description will focus on the Family Place in Mount Pleasant with commentary about the Shaw site in the Community and Participants and Replication sections.)

HISTORY

The Family Place received its impetus from a pediatrician at a local children's hospital who was disturbed by the frequency of preventable illness, injury, and low birthweight among low-income children, especially among the new immigrants to the city, that she treated in her practice. When she shared her concerns with members of her congregation, the Church of the Savior, they took on this issue as a part their church's ministry. The church did not undertake a formal community needs assessment, however the initial core of volunteers, many from the church, had a working knowledge of the community's needs and characteristics. The church raised money to pay a full-time community-based outreach worker who had extensive contacts with local community organizations. He recruited Latino families where they gathered at churches, stores, and community sporting events. The Family Place opened in 1981 in Mount Pleasant; the Shaw site opened in December 1991.

COMPONENTS

- **Prenatal education and support**
  Including a childbirth exercise course and prenatal education classes that cover prenatal care, preparation for birth, breast-feeding, post-partum care, infant care, and family planning. Serves approximately 99 pregnant women per year.
- **Family planning education**
  Serves 55 women per year.
- **Breast-feeding peer counseling**
  Serves 200 pregnant women and new mothers per year.
- **Parent/child services and activities**
  - Intensive home services
    Serves 43 families per year.
  - Parenting group sessions
    Serves 288 families per year.
  - Developmental screenings
    Serves 43 families per year.
  - Intensive support for handicapped infants
    Serves 11 families per year.
- **Drop-in program**
  During the hours that Family Place is open, participating parents may drop in and talk with staff or other parents in an informal setting.
- **On-site childcare**
  Serves approximately 32 children per month.
- **Immunizations**
  Serves approximately 176 children per year.

- **Support groups/Self-development activities**
  Including groups on domestic violence, women's leadership and self-esteem development, and Bible study.
- **First Friends/Para Ti**
  Mentoring program that provides a caring companion to adolescent mothers and pregnant teens. Serves 30 teens per year.
- **Job skills training**
  - ESL classes
    98 participants per year.
  - Adult Literacy classes
    18 participants per year.
- **Food/clothing/baby equipment distribution**
- **Recreational activities**
- **Information and referral services**

STAFF

1	Executive director	$34–38,000
1	Parent/child services coordinator	$17–22,000
1	Childcare coordinator	$17–22,000
1	First Friends coordinator	$17–22,000
1	Breast-feeding counseling coordinator	$17–22,000
1	Activities & job skills coordinator	$17–22,000
3	Family development workers	$17–22,000
1	Intake/family support worker	$17–22,000
1	ESL teacher	$17–22,000
1	Adult basic education teacher	$17–22,000
1	Development/fundraising assistant	$17–22,000
1	Financial manager	$17–22,000
1	Bookkeeping assistant	$17–22,000
1	Office clerk	$17–22,000
1	Data manager	$17–22,000
1	Receptionist	$17–22,000
1	House manager	$17–22,000
1	Cook/housekeeper	$17–22,000
4	Peer breast-feeding counselors (part-time)	$4,300

COMMUNITY AND PARTICIPANTS

When the program began, almost 100 percent of Family Place participants were refugees from Central America, mostly from El Salvador and Nicaragua. As new immigrants they faced cultural alienation, language barriers, and INS requirements as well as socioeconomic crisis. Later the program attracted families from North and South America as well as the Caribbean. Spanish is the primary language of almost all Family Place participants at the Mount Pleasant site.

The Shaw neighborhood, in which the New Community Family Place is located, has the highest population density and percentage of public housing in Washington and is plagued by a violent drug culture.

Both sites target services to pregnant women or parents with children under age three; only targeted families are eligible to participate.

Nearly 70 percent of Family Place participants learn about the program from current or former participants. Others are referred by social service agencies or neighborhood institutions.

GOALS

The Family Place's primary goal is to improve child health and development by building and strengthening family support systems in the community, and by assisting pregnant women and parents in finding and accessing the resources necessary for the health and development of their children.

PROGRAM IN ACTION

When a family first comes to the Family Place, they meet with the center's intake worker who assesses the family's strengths and needs and familiarizes the family with the center's programs and activities as well as other community services the family might need. In a typical week, participating parents might avail themselves of ESL and literacy classes, a family relations discussion group, prenatal exercises and classes, a personal development class, and a parents' group. Monday through Friday, lunch is served family-style for whomever happens to be there. Most services are offered on-site, although families may be visited in their homes for intensive and personalized family development services.

The Family Place places very high priority on parental involvement in all services and activities. Participating parents are the program's most active volunteers: they lead support groups, help organize family activities and celebrations, cook meals, staff the reception desk, and provide childcare. These parent volunteers form a pool of trained paraprofessionals who are imbued with the philosophy, concepts, and practices of the family support movement.

The Family Place has forged relationships with more than 60 private and public organizations. Most Family Place linkages are informal. A partial listing of those linkages include:

- Planned Parenthood—family planning sessions
- A local maternal and child health center—prenatal care education and care
- More than 10 area hospitals—referrals to health care services
- A local AIDS clinic—AIDS education
- D.C. Public Schools—bilingual education services
- D.C. Commission on Public Health—lead poisoning screenings
- D.C. Department of Recreation—transportation
- Food bank
- A local church—baby clothes and equipment donations

In addition, staff represent The Family Place on such entities as the Mayor's Office on Latino Affairs Task Force on Latino Child Abuse, the Health Advisory Committee of the Capital Area March of Dimes, the Bilingual Education Network, and the D.C. Literacy Committee.

GOVERNANCE

At each center, parent volunteers belong to a formal participants' council that helps staff design and implement programs.

A board of trustees oversees the administration of The Family Place. Currently, there are 17 members with representatives from a local church, the media, other community-based organizations, and local businesses. The participants' council has one representative on the board.

EVALUATION

Every six months, the executive director and a planning and evaluation consultant evaluate the overall program. Program coordinators use these evaluations as tools for planning program objectives. Occasional focus groups obtain participants' feedback; service delivery evaluation is done monthly.

REPLICATION

The process of establishing the new site has required a tremendous amount of work and commitment from Shaw's five newly hired staff and its volunteers, as well as the administrative staff that serve both centers. They have had to devote considerable time meeting with and developing relationships with existing service providers in the community.

The lack of adequate resources continues to be the main source of stress for staff and administrators. Currently, the new site's total budget is $234,000. The new site is furnished entirely by donations, and staff members have had to devote time to finding donations.

Workers are given individualized, on-the-job training. While some staff have college degrees as well as backgrounds in social work, early childhood education and other professions, the Family Place places greater emphasis on other qualities when it comes to hiring staff. Potential staff must be bilingual and sensitive to the stress that area families face, and they must have an understanding of the neighborhood. Whenever possible, The Family Place tries to recruit former participants as staff. Breast-feeding peer counselors are an example of this practice.

FUNDING

Annual budget: $634,079

Sources:

9% Government
- FEMA
- D.C.

86% Private sources
- Foundations
- Individuals
- Business
- Churches
- Organizations

5% Other

The program at the Shaw center reflects the differences between its population and that at Mount Pleasant. Because Shaw parents do not face language barriers and do not have to cope with INS and the acculturation problems of immigrants, they have been more receptive to advocacy and systems change issues than parents at Mount Pleasant. Also, male parents have become much more involved at Shaw. At Mount Pleasant, only women participate. At Shaw, a participant-led fathers' support group meets every other week and a Males' Advisory Board has been formed.

TRAINING AND TECHNICAL ASSISTANCE

Family Place staff will host site visits and provide training on program operation, culturally responsive program design, and other topics. Fees are based on the length of presentation requested, site location, and travel expenses.

FAMILY RESOURCE AND YOUTH SERVICE CENTERS PROGRAM

Family Resource/Youth Service Center
275 East Main Street
Frankfort, KY 40621

Ronnie Dunn, State Program Manager

OVERVIEW

A statewide comprehensive education reform measure provided the impetus for the Kentucky Family Resource and Youth Service Centers Program, a dynamic and far-reaching school-linked service model funded by the Kentucky Cabinet for Human Resources. Its 373 centers serving 636 schools respond to a full range of community needs, and coordinate all children and family services in their communities.

Family Resource Centers are located in or near public elementary schools. Youth Service Centers are located in or near public middle and high schools. Individual Centers (and the communities in which they are located) vary greatly in size, appearance, and services offered. The common thread among all 373 Centers is a welcoming and supportive environment based on mutual respect. Because the Centers' philosophy stresses that strong individuals create strong families, the programs stress empowerment and self-esteem. They offer skills-building to help families function better; parents receive services ranging from health education to employment assistance.

Kentucky's state-level Interagency Task Force is an example of governance that works for families. The task force allows state agencies to be involved in and supportive of the program while leaving most of the decision-making to the local level. This structure enables local programs to incorporate and respond to the particular needs of their communities and families. Thus, although the Kentucky Family Resource and Youth Service Centers Program began as a top-down model, created by state legislation, its structure is bottom-up in its empowerment of local communities.

HISTORY

Inequities in funding practices led to a declaration that Kentucky's education system was unconstitutional. The resulting Kentucky Education Reform Act (KERA), passed by the Kentucky General Assembly in 1990, called for the development of a Family Resource Center or Youth Service Center in every school with a high proportion of poor children. The rationale for the centers was an explicit acknowledgment by legislators, educators, and other leaders that even a world-class education system could not produce world-class outcomes without real partnerships with families and without other community resources that children need for healthy development.

An interagency task force was created to oversee the development and implementation of the KERA's Family Resource Centers and Youth Service Centers. This group did a statewide resource assessment and developed guidelines for community assessments and planning.

COMPONENTS

The fundamental concept that underlies Family Resource and Youth Service Centers is to promote the identification and coordination of existing services and resources in the school-community.

Additionally, the legislation mandated core components that Family Resource and Youth Service Centers must provide.

Family Resource Centers must provide:

- **Full-time preschool**
- **Childcare**
  For children two and three years of age.
- **After-school care**
  For children four through twelve with full-time accessibility during the summer when school is not in session.
- **Families in Training**
  A comprehensive program for new and expectant parents.
- **Parent and Child Education (PACE)**
  A family literacy and parent education program consisting of
  - Adult education classes
  - Developmentally appropriate activities for children
  - Parent-and-child interaction
  - Parent support and education groups (Parent Time)
- **Support and training for day-care providers**
- **Positive parent/child activities**
- **Referrals to health and social services**

Youth Service Centers must provide:

- **Referrals to health and social services**
- **Employment counseling, training, and placement services**
  For youths and sometimes for other family members.
- **Summer and part-time job development for youths**
- **Family crisis and mental health counseling**
- **Drug and alcohol abuse counseling**

Youth Service Centers focus on the needs of youth as they face the problems of adolescence and adulthood. There is a continued connection to family and parents but to a lesser extent than in a Family Resource Center.

In addition to the core services required by the legislation, Centers may provide a variety of complementary services. These vary from center to center in response to community needs and local budgets. Examples of optional components include:

Family Resource Center

- **Information clearinghouse**
- **Recreation programs**
- **Assessing child and family needs**
  In areas such as housing, social services, and financial management.

Youth Service Center

- **Coordinating with local legal system**
- **Consulting with school officials**
  Regarding behavioral and disciplinary problems.
- **After-school recreation programs**
- **Volunteer programs**

Local communities were then required to conduct community needs and resources assessments before selecting sites and planning activities. The number of centers has grown from the original 133 to 373.

COMMUNITY AND PARTICIPANTS

Kentucky is a largely rural state with a significant number of people living in poverty. There are 259 Family Resource and Youth Service Centers in rural areas, 81 in urban areas, and 33 in suburban areas. Family Resource Centers serve families with children under 12; Youth Service Centers serve families with children 12 and older. A school is eligible for a Center only if at least 20 percent of its students are eligible for the free lunch program.

The program's services are available to anyone, including families who do not have children in the schools. Fifty percent of participants using the center live at or below the poverty level. Approximately three percent of families are participating because of a court order.

Centers are widespread and well-known within the community, largely because of their location. The Centers' proximity to schools makes them easily accessible for children and their families. The state also encourages the Centers to make special efforts to inform the community about their services. For example, over the summer, staff of one Youth Service Center visited the home of every student entering the sixth grade to introduce families to the school and the program. The Interagency Task Force also provides an exceptional mechanism for numerous agencies throughout Kentucky to exchange ideas and disseminate information.

GOALS

Local programs are encouraged to identify their own needs, although the state implementation plan recommends certain broad-based goals:

Family Resource Centers (located in or near elementary schools)

- To promote the healthy growth and development of children by assisting families in identifying and addressing any home or community needs essential to children's success in school
- To assist families in developing the parenting skills that can promote the full development of children
- To ensure that families have access to and are connected with appropriate community resources and receive from those resources the help that they need
- To encourage social support linkages and networks among families, thereby reducing isolation and promoting family involvement in community activities

Youth Service Centers (located in or near middle and high schools)

- To promote young people's progress toward capable and productive adulthood by assisting them in recognizing their individual and family strengths and in addressing problems that block their success in school
- To assist young people in making effective use of community resources, including employment and training resources and health, mental health, and social services resources, as necessary
- To promote supportive relationships among young people themselves, and among young people, their families, and community resources in order to develop adolescents' self-esteem and competencies

PROGRAM IN ACTION

A parent at one Family Resource Center wrote, "[The Family Resource Center] brings out the best in their parents. But, what [the Family Resource Center] really does is to show us that the best has always been within us, we just need some help to find it." The story of this parent illustrates how the Centers can empower families. Sexually abused as a child, she left school to marry and have her first child at 15. When she first came to the Center, she barely spoke above a whisper. Now she is a forceful advocate for her child and herself. She has attended college and works hard for the school and the Family Resource Center.

Staff and parents are the heart of the Centers. Priority is given to hiring dedicated and creative staff who exercise a "whatever it takes" philosophy when working with families. Parents provide the spark and the human resources to develop and implement many activities. Staff of one rural Center set up a support group for parents of learning-disabled children and a singles club for single parents. After one year, parents took over both programs. The Center still provides the space and childcare, but parents determine the direction of the program.

The Family Resource and Youth Service Centers Program provides linkages among existing services and identifies service gaps. With a $200 state contribution per eligible child (i.e., free-lunch eligible), Centers must refer participants to other service providers whenever possible. Linkages are numerous and differ by community. The composition of the Interagency Task Force at the state level indicates some of the services and linkages provided. At the program level, Center staff are extremely creative in setting up informal relationships with appropriate services that meet family needs.

The state encourages networking opportunities for staff and attempts to link all 373 Centers through a network. Currently, this is accomplished through state and regional meetings. Each year the state brings together people from all the Centers at "Camp Celebration."

STAFF

The Interagency Task Force is staffed by the following:

4	Managers	$50,000
3	Program coordinators	$25–32,500
9	Area liaisons	$24,500–44,500
4	Support staff	$15,500–26,500

There are approximately 1,865 program staff. Each Center is staffed differently but is required to have at least two employees: one coordinator and one administrative/clerical assistant. Background requirements for Center coordinators vary according to the local communities' needs; some coordinators have GEDs, some have master's degrees. Salary ranges for these positions are determined locally and vary widely. A Center coordinator can earn anywhere from $15,000 to $50,000 per year.

The program strives to empower staff as well as families. Both the state and local programs provide staff training. Kentucky focuses training on district-level staff (as well as program-level staff) so that they will be informed enough to effectively support Centers' work.

Local Center coordinators are encouraged to identify and attend training opportunities provided by other collaborating agencies. Information gathered at the state level regarding conferences and workshops is shared with staff at the local level. State-level staff arranged for Parents as Teachers training when an assessment showed this to be a critical need.

FUNDING

Annual budget: $26.4 million

Budget is allocated by the state. In 1993, the minimum grant given to a Center was $12,800 and the maximum was $90,000, with an average of $69,000. Individual Centers can and do raise additional funds from other sources.

Center revenues/expenditures generally follow these percentages:

51%	State grant
25%	School board in-kind
17%	Community in-kind
3%	Community cash
5%	School board cash

Centers access federal monies through working with existing community agencies that receive federal funds (health departments, school programs, AFDC, Food Stamps, JTPA, etc.).

Kentucky Family Resource and Youth Service Centers

Rose Mollyhorn:
BYCK Elementary Family Resource Center

I got involved here when this was still the Cradle School. My older son was having problems and mom here needed some coping skills. My older son has reading disabilities and I thought it was my fault. I wasn't involved with his schooling; I thought, you send him to school, the teachers teach him and that's that. But I learned that I can and should be part of his education.

I was really lacking in self-esteem, so I kind of strayed over here and I'm so thankful. I ended up getting my GED. Then I went to college and when I graduated more than 20 people from here showed up. I cried; it meant more to me than the diploma. And now I work as a teacher's assistant at the school.

I lost 54 pounds and really built up my self-esteem. I felt I was worth something. The people here gave me permission to go with my feelings, to ask questions, to realize I wasn't the only one going through things. It feels like a family. It's a safe place and there's not a single issue I don't feel safe to talk about.

Trust is a huge issue with me and I feel safe here and want my kids to feel safe. I never knew people I could trust. My parents never were involved with me. I had never gotten any attention and here they asked me what I needed. They opened my eyes and told me I had good qualities as a mother and as a person. They told me I could do it. When you've got someone who cares about you it makes such a difference.

I came from a real dysfunctional family and I always figured that if people were nice to me it meant they wanted something. My mom was alcoholic and I had stuff with my dad and sexual abuse. I used to to worry about hugging my son; I kept fearing I'd touch him wrong way. I was even making him take his own baths when he was three because I was afraid I might touch him wrong if I washed him. I learned here that it's OK to hug my kids. I was beaten as a child; if I did something wrong I got "whammed" with no discussion. I've learned

GOVERNANCE

The Family Resource and Youth Service Centers Program is run by a task force of state-agency directors and other leaders. Its members represent many groups, including:

- Governor's Office
- Department of Mental Health/Mental Retardation Services
- Department of Education
- Department of Health Services
- Department of Social Insurance
- Department of Social Services
- Department of Employment Services
- Workforce Development Cabinet
- State teaching force
- Justice Cabinet
- Local mental health agencies
- Local boards of education
- Local school administrators
- Local health departments
- Community action agencies
- Parents

At the state level, a parent and youth advisory group includes 15 members from the local councils. The parent who sits on the Interagency Task Force is usually the chair of this group. A number of interagency teams also operate at the state and local levels.

Each Center is overseen by a local council made up of community members and parents. One-third of a Family Resource Center's local council must consist of parent participants. A Youth Service Center must have at least two youth on its local council.

EVALUATION

Kentucky has developed and implemented an extensive computerized information management system designed for and located at local Centers. The Centers use a common intake form with some variations for individual Centers' needs. A case management system tracks the progress of individual families. The software, developed by Dr. Robert J. Illback of Spaulding University in Louisville, links the local Centers to a centralized host program at the Cabinet for Human Resources. Centers send documentation to the Cabinet twice a year.

Data for the 1992-93 school year was analyzed in a report by the Kentucky Cabinet for Human Resources. The report showed that the populations served corresponded to the program's goals: most participants were undereducated and/or educationally disadvantaged. More than half of the participants had been referred by school personnel, but a large number were self-referred or entered through another community organization. Health services and referrals emerged as the most frequently utilized service.

Preliminary outcome data for a subsample of children and families who have completed program participation suggests improvement in classroom performance variables (as rated by teachers), particularly in areas such as completing classwork and homework; following directions and rules; and remaining on task. Families report receiving high levels of support from the program.

Reception by the communities indicates strong support for the Family Resource and Youth Service Centers. At the state level, this program has advanced far beyond the other aspects of the school reform legislation.

REPLICATION

Kentucky was able to expand to 373 centers from the original 133 because of increased funding. It is difficult to sort out replication issues from the implementation issues previously discussed because the program was set up to be a large, statewide initiative planned and organized locally.

TRAINING AND TECHNICAL ASSISTANCE

As time has allowed, state staff have traveled to other states to make presentations on the program. Telephone inquiries are answered daily. Several groups have come to Kentucky to visit Centers and to talk to state-level staff.

lots of little tips, like never arguing with my children when I'm upset, taking time out to cool down and coming back to talk ten minutes later. I didn't want my children's life to be like mine was.

I don't know where I'd be without this program. I was real depressed and even suicidal when I first came here. I was 16 when I got pregnant, married at 17 and I didn't know where I was going in my life. Because of the stuff with my dad, which started when I was eight, I lost my own childhood and I didn't feel like I'd even grown up. I couldn't trust my feelings 'cause I'd blocked out so much of what happened. I was like a child raising children, but as the saying goes: I've come a long way, Baby.

I get goosebumps when I talk about this place. It's lit up my life. [The staff] have been like mothers, sisters, and friends all wrapped up into one. They've been like guardian angels who've moved me where I needed to go when I needed it. My kids have learned from me because I've learned from here. We have family meetings now; we discuss things and there's a lot less screaming. I don't panic anymore when there's a crisis. The kids love it here; they feel safe. My younger son was here in the Cradle School for three years. He knew it was a place to come and learn and he never missed a day; now he's in advanced classes. My oldest son is out of learning disabled classes now and I'm so proud of him. My husband always knows when I've been out with my friends from here because I come home and I glow.

And more people need programs like this, because they feel like they can't do it themselves. And sometimes they're too proud to ask for help. You know, in a poor area like this, there's lots of people on welfare and they're depressed. A kid can come home from school all revved up and excited to learn, but if mom's still in bed, depressed because they're going to turn the gas off, he's probably just going to watch TV; so how can that child learn? The whole family has to be involved. I wish every child could feel the love that I've felt here, to have the experience where someone will make a difference in their lives, so they can go on and have a good productive life.

They've done so much for me that not a whole bunch of words can express it. So I pay them back by being here and helping other kids and parents.

FAMILY RESOURCE SCHOOLS

975 Grant Street
Denver, CO 80203

Lucy Trujillo, Project Coordinator

COMPONENTS

The Family Resource Schools project provides traditional, student-focused, academic support programs, and offers school-based, nontraditional, family-focused programs. While programming varies from site to site, the core components include:

- **Student achievement and growth**
  - Community study halls with volunteer tutors
  - Family read-alongs
  - Family math and family science classes
  - Family night at the Denver Art Museum
  - Swimming lessons
  - Dance, art and scouting
  - Community garden
  - Summer program
- **Adult education/skill building**
  - Adult Basic Education (ABE)
  - General Equivalency Diploma (GED)
  - English as a Second Language (ESL)
  - Spanish as a Second Language
  - Conflict management
  - Employment workshops
  - Housing workshops for first-time buyers
  - Health and nutrition programs
- **Parent education**
  - Peer support group for young mothers (using the MELD curriculum)
  - Weekly parent training programs
  - Positive-discipline workshops
  - Sex education workshops
  - Gang prevention workshops
- **Family support services**
  - On-site case management
  - Alcohol and drug prevention
  - Before- and after-school childcare
  - Childcare for all school programs and activities
  - Baby-sitting co-ops
  - Food and clothing banks
  - Mental health services
  - Women's support groups

OVERVIEW

The Family Resource Schools (FRS) project is a unique partnership of Denver Public Schools, the city of Denver, businesses, community organizations, and foundations that enhances the range of programming and activities offered by seven predominantly inner-city elementary schools.

FRS operates on the premise that a child's success in school depends not only on the effectiveness of the traditional school experience but on the overall health of the child's family and community. The program's mission is to increase student achievement and parent involvement in schools, to increase the skills and capacities of parents, and to coordinate available resources and services for families.

A school site coordinator is responsible for coordinating each school's activities. In principle, the site coordinator is to work under the direct supervision of the school principal to implement and manage FRS programs and coordinate outreach efforts. In practice, the site coordinator is case manager, fundraiser, translator, instructor, clerk, financial manager, broker of resources, appointment scheduler, chauffeur, volunteer coordinator, and much more.

Approximately 600 families, the majority of which are Latino and African American, are served each year.

HISTORY

In fall 1989, the assistant superintendent of Denver Public Schools, representatives from the Mayor's Office, members of the business community, and others came together with the purpose of preventing students from failing in school and increasing parental involvement in children's education. The group's objectives were: 1) to create an environment free of blame (where teachers and parents do not blame each other for the school failure of children), 2) to bring people together from the community who agreed that change was necessary, and 3) to develop programs.

In September 1990, seven elementary schools began to set in motion the Family Resource Schools concept. During the first year, planning committees at the schools—comprised of principals, teachers, parents and community representatives—conducted a community assessment, hired site coordinators, and offered a variety of special programs and activities based on the objectives of the individual schools.

COMMUNITY AND PARTICIPANTS

Four Family Resource Schools are located in west Denver in a low-income and predominantly Latino community. Two schools are located in northeast Denver in a community consisting primarily of low- and middle-income African Americans. Another school is located in a predominantly white, suburban community in southwest Denver.

The program targets expectant families and families with school-age children in each of the communities described above. Participation in the program is voluntary and programs are universally accessible. Of the 600 families served annually, approximately 47 percent are Latino, 26 percent are African American, 21 percent are Anglo, and 6 percent belong to other racial/cultural groups.

Families hear about the program primarily through the efforts of the site coordinators. Each site coordinator is responsible for school, parent, and community outreach. Site coordinators not only send flyers to parents but also make phone calls, send reminders, make home visits, and work to get the children interested. As one site coordinator states, "It is important to let [parents] know you want them there, that they are special, that they will be missed if they can't attend. There also has to be time for socializing and celebrating successes. All work and no play will definitely keep parents away."

GOALS

The main goals of the program are:

- To prevent school failure and enhance school readiness
- To increase parental involvement in schools
- To coordinate available, existing services for families
- To promote family growth toward self-sufficiency.

PROGRAM IN ACTION

FRS offers programs during the day and evening. Schools are open at least two nights a week until 9:00 p.m. At all schools, FRS programs run in classrooms, the auditorium, the cafeteria, and the gym after school hours. Six of the seven Family Resource Schools have the space to designate a separate resource room for the program. These resource rooms generally contain books, pamphlets, videos, audio tapes and computer programs that provide practical information on a variety of subjects. Parents may check out materials and are welcome to use the computers, VCR, and telephone in the center. At sites where there is a designated resource room, the FRS program can run during school hours.

Through participation in the Family Resource Schools project, children and families are empowered to make positive changes in their lives and in their communities. For parents, "empowerment" takes many forms. Through participation in FRS adult education programs, many parents go on to post-secondary education or find

STAFF

Program-level staff include:

7	School site coordinators (1 per school)	$20–23,000
1	Project coordinator	$33–35,000
1	MELD coordinator	$25,000
1	Project director (in-kind) Administrator within the school system gives 20 percent of his/her time to the project	$12,000
1	Secretary (in-kind)	$15–17,000
7	Elementary school principals (in-kind) Gives 25 percent of his/her time to the project	$12,500

Coordinators must have a bachelor's degree, but no specific training is required. Staff must have a knowledge of the community in which they will be working, including its available resources. In FRS programs in predominantly Latino communities, staff members must be bilingual. Experience working with families in community-based settings is helpful. Backgrounds of current staff include childcare, mental health, counseling, advocacy, and management.

FUNDING

Annual budget: $400,000

Colorado's passage of Amendment 1 in 1992 cut the school district's budget in ways which have delayed institutionalization of the Family Resource Schools project. As a result, FRS does not receive funding from the school district and therefore raises funds in order to meet its financial goals.

Sources:

2%	Federal government
	▪ U.S. Housing and Urban Development
	▪ U.S. Department of Justice
9%	State government
	▪ Colorado Division of Wildlife
	▪ Colorado Department of Education
89%	Private sources
	▪ Colorado National Bank
	▪ Colorado Trust
	▪ Danforth Foundation
	▪ Ewing Kaufman Foundation
	▪ JFM Foundation
	▪ Junior League of Denver
	▪ LARASA (Latin American Research and Service Agency)
	▪ Multifoods International Corporation
	▪ National Council of La Raza
	▪ Pace Warehouse
	▪ Public Service Company of Colorado
	▪ Sisters of Loretto
	▪ Target
	▪ Voyageur
	▪ Western Industrial
	▪ Individual donations

employment. Through participation in parent education workshops, parents become competent in areas such as positive discipline techniques, conflict resolution, child development, and working with their children at home. At the program-governance level, parents play a crucial role in the decision-making process as they participate on site-based management teams (called collaborative decision-making teams or CDMs), bilingual parent advisory committees, and PTAs.

FRS offers staff development and training for school staff, parents, and community members around issues such as: culture, the asset (versus deficit) model, community development, the impact of poverty, and making referrals. FRS aims to share new information around different ways to combine the expertise of education and social services professionals, to share leadership, and to collaborate, both with each other and with parents and communities.

To avoid duplicating services that already exist, FRS links existing resources and establishes meaningful relationships with agency personnel. In many instances, program staff have developed a kind of barter system with other resource people in the community. At Smedley Family Resource School, for example, a woman from the community will begin teaching Mexican dance classes in exchange for a space to practice. In addition, FRS has linkages with several agencies, including:

- Department of Parks and Recreation, which offers after-school programs
- Department of Social Services, whose child protective services workers provide technical assistance to school staff and families regarding issues such as child abuse and neglect
- Public service company employees, who participate in school governance and as volunteers
- Community College of Denver, which provides adult education classes in the schools
- King Soopers grocery chain which offers student and parent scholarships.

GOVERNANCE

Governance at the school level is carried out by collaborative decision-making teams (CDMs) that determine the programming of each school. These site-based management teams are comprised of principals, teachers, parents, business representatives, and others. Meetings are open to the public, and elections are held yearly.

The program's executive committee, comprised of school administrators, city representatives, funders, principals and other program staff, acts as an advisory and policy-making committee. The city representatives and funders act as the policymakers; the principals and other program staff concentrate on program operations. Executive committee meetings are held monthly.

EVALUATION

In 1991, a formal process evaluation was done by the Public Affairs Office at the University of Colorado. *That evaluation revealed that the program's vision attempted* to be everything for everyone in the community. The evaluation served to refocus priorities—the main priority now is to serve the needs of the families of each school's student body.

Family Resource Schools also have an informal evaluation process. Several schools do a needs assessment at the beginning of the school year and an evaluation at the end of the year. Program staff are also in the process of collecting "hard" data (i.e., standardized test scores) related to students' academic success.

REPLICATION

The motto of the Family Resources Schools is "Copy the process, not the model"—that is, while the method in which the program was developed can be replicated, every Family Resource School should and will look different because every community's needs are different.

To date, the Family Resource Schools model has not been replicated. One idea under consideration, however, is that additional schools might develop as "satellites" to the core of already established Family Resource Schools.

TRAINING AND TECHNICAL ASSISTANCE

Family Resource Schools staff conduct workshops and give presentations on the FRS model and process, on funding school-based programs, and on program implementation and lessons learned. Quotes will be provided upon request.

FAMILY SUPPORT CENTERS

Friends of the Family
1001 Eastern Avenue, 2nd floor
Baltimore, MD 21202-4364

Margaret Williams, Executive Director

COMPONENTS

Center programming is responsive to the needs of the community. However every center is obligated to offer the core services listed below:

- **On-site childcare**
  While parents participate in activities.
- **Parenting and health education and referrals**
  To full range of health care services.
- **Developmental assessments**
  For children and remediation of developmental problems either on site or by referral.
- **Adult education and employability services**
- **In-home services**
  For "hard to reach" families.
- **Social and emotional support**
  Including counseling.
- **Recreation**
  For parents and children.
- **Service coordination**
  With other agencies.
- **Secondary pregnancy prevention and family planning**
- **Transportation**

In response to community demand, individual centers have developed additional services, including child abuse prevention activities; pre-teen and teen educational and recreational activities, including rites of passage programs, theater, dance, and jobs clubs; and support groups for young fathers, grandparents who are parenting, parents whose children are in foster care, and foster parents.

OVERVIEW

Maryland's network of Family Support Centers (FSC) and its statewide family support intermediary, Friends of the Family (FOF), have attracted much national attention for advancing social service delivery through a statewide public/private partnership. Through this partnership, multiple state departments, private foundations, businesses, and individuals combine resources in support of a common fiscal agent with decision-making authority—Friends of the Family—which then provides the resources to communities to use on behalf of young families with children from birth through age three.

Currently, there are 19 operating Family Support Centers located in 11 of the state's 24 jurisdictions and serving about 5,500 parents, children, and pregnant and parenting adolescents. The physical settings of the Centers vary, but FOF strongly encourages each site to have at least 4,000 square feet to function effectively and to accommodate a childcare area, a parent lounge, classroom(s), offices, a kitchen, and storage needs.

According to a recent survey conducted by Friends of the Family, young parents are particularly attracted by the combination of supports offered at the Centers, such as child development education, GED classes and transportation, and the friendly manner of the staff.

HISTORY

During the early 1980s, there was increasing public concern in Maryland about the growing rates of pregnancy and birth to teens and the related long-term negative economic, health, and social consequences for young parents and their children. In 1985, Governor Harry Hughes convened a task force on adolescent pregnancy to focus on this concern. The nearly complete lack of community-based, prevention-oriented support services for young-parent families was much discussed by the task force.

Toward the end of the task force's meetings, it formed a working group headed by the state's director of the Department of Human Resources. The director convened other public service administrators, representatives of the private sector including two local foundations, and professionals and advocates in the fields of child development, family services, adolescent pregnancy, child care, maternal and child health, and education. This group worked together for several months to plan the state's first public/private partnership that would create a system of services for parents and children. Their vision was a network of community-based Family Support Centers, an intermediary linking the Centers, and a collaboration between government funding and private donors.

The working group wanted to establish an intermediary outside government and existing social service organizations that could survive transitions in the governor's office, public and private agencies, and funding sources.

In 1986, Friends of the Family and the first four Family Support Centers were established.

COMMUNITY AND PARTICIPANTS

Centers are located in urban, suburban, and rural communities with numerous risk factors: high number of pregnant and parenting teens, children living in poverty, low-birthweight babies, adults without a high school education, and unemployed adults. Participation is voluntary. There are no eligibility requirements for participation.

State participant data from 1992 show that parenting participants ranged in age from 15 to 91, with 26 the mean age. Of the parenting participants, 79 percent were African American, 19 percent Caucasian, and 67 percent had never been married.

Centers engage in extensive outreach to recruit participants including: networking with other agencies, door-to-door canvassing, presentations at local events, distribution of information pamphlets and brochures, and public service announcements. Participants receive written, telephone, and in-person reminders about upcoming events and activities and are encouraged to bring interested friends, relatives, or neighbors.

GOALS

- To assist parents to develop more effective parenting skills and fulfill their aims related to school, employment and family life
- To provide supportive networks among parents in local communities
- To connect parents and their children to public and private agencies and informal community resources which can help them
- To promote optimal development of young children through the provision of parent/child activities and a wide range of developmental childcare services

PROGRAM IN ACTION

Services are delivered at the FSCs with an individualized, informal, and comprehensive approach.

All children ages birth to three are given the Revised Denver Developmental Pre-screening Questionnaire upon their parents' enrollment at the center and at quarterly intervals thereafter. Beyond this screening, the ways in which core services are provided varies from center to center.

STAFF

Staff of a "typical" center:

1 Center director	$30,000
1 Child development specialist	$25,000
1 In-home interventionist	$21,000
1 Childcare assistant	$18,000
1 Childcare assistant (P/T)	$ 9,000
1 Education instructor (P/T)	$ 6,000
1 Substance abuse counselor (P/T)	$11,000
1 Counselor/social worker (P/T)	$13,000
1 Receptionist/secretary	$17,000
1 Van driver (P/T)	$ 9,000

FOF staff provides ongoing training and technical assistance to staff of local centers. This assistance is intense in the start-up phase, it becomes more routine through monthly directors meetings, in-service training to all staff, and assistance in evaluation. FOF also trains workers in other related agencies.

FUNDING

Annual Budget: $6.2 million

Sources:

38% Federal government
  - U.S. Department of Health and Human Services

55% State government
  - Department of Human Resources
  - Department of Health and Mental Hygiene
  - Department of Education
  - Governor's Office for Children Youth & Families

1% Local government
  - Baltimore City Health Department

5% Private sources
  - Foundations
  - Individuals

1% Program income

On the local level, FOF estimates that a minimum of $265,000 in both cash and in-kind contributions is needed annually to operate a FSC. FSCs receive about $180,000 a year in state money through FOF, with the balance to be contributed or raised by the local sponsor.

Family Support Centers
Friends of the Family
Baltimore, Maryland

Tiffany Sanford:

I'm 17 and I have a baby and my older sister told me about the program. I've made new friends there and now I'm going for my GED; I will probably have it by March or April. I think I would've eventually gone back to school, but I wouldn't be nearly out by now.

My son goes [to the Center]—sometimes all day. He plays there and takes naptime there. There's a playroom where he goes.

I go to the better parenting classes too. They have helped me learn to deal with stress and with my child's behavior. We had a fundraiser and part of it was a fun auction where we could bid for the perfect child. We had fake money and could bid for different kinds of children—you know, like their qualities. I wanted a child who'd talk to me and who would be a leader and I won those bids.

I know I'll stay involved with these parenting programs and now I help with the fundraisers as a volunteer.

Each center's original proposal submitted to FOF for funding must describe its general plans for service delivery. However, the centers have considerable autonomy in developing programs to meet their communities' needs. To gather input from parents and the community, each site has a family support center advisory council made up of community stakeholders including parents.

In addition, a monthly statistical report helps center staff plan and revise services. This monthly data, for example, helped centers identify the need for enhanced adult education and employability services. FSC's with adult education programs universally reported greater attendance after introducing the program than before. The same data revealed that not only did more people attend, but also that parents returned to the FSC more often than those not participating in educational programs. As a result, various centers have developed written agreements with the Private Industry Councils that administer JTPA, Maryland's JOBS program, and the Department of Education, which provides funds for adult education.

An FSC develops formal linkages, including protocols, forms, and procedures with all types of agencies and organizations that it has contacted during the proposal phase. Agreements address making and accepting referrals and general application procedures. FSC's identify a primary contact person for each agency and maintain formal linkages as a part of ongoing outreach and networking activities. Front-line staff also place high priority on making and maintaining informal, personal relationships with individuals at other agencies.

GOVERNANCE

Friends of the Family is a 501(c)3 non-profit organization that acts as the fiscal agent for all family support centers. FOF is operated by a board of directors with formal input from a family support center advisory council. Both groups have a culturally diverse membership that represents all stakeholders and other interests.

EVALUATION

Staff at each center complete standardized forms describing participants and the services they use. Forms are then submitted to FOF for coding, data entry, and analysis. Detailed monthly statistical reports are generated for each center. Centers use the information for program planning and service refinement.

REPLICATION

The network of Family Support Centers has grown gradually over the years. Site selection for new centers is through an established competitive process coordinated by FOF, using a request-for-proposal process. To ensure that the applicant is not proposing "business as usual" and fully understands and is committed to empowerment, respect for participants, and the need for cultural responsiveness, the prospective sponsor must demonstrate not only how potential participants and interested community members provided input into the planning and development of the proposal, but also how stakeholders will be included in the ongoing operations of a future center.

FOF's staff sets up a review panel comprised of experts in fields such as adolescent pregnancy, child development, parenting, and community organizing. The panel considers all proposals submitted and makes recommendations to the executive director of FOF.

Grants are awarded on an annual basis, through a contract between FOF and center-sponsoring agencies. Sponsoring agencies are public and non-profit agencies which take responsibility for hiring staff and supporting the center, especially financially.

TRAINING AND TECHNICAL ASSISTANCE

FOF offers comprehensive half-day and full-day instruction on how to start and operate family support programs outside the Maryland network. On-site training in Maryland costs $300 for a half-day and $500 for the full day. Fees for out-of-state training are based on the length of the presentation requested, site location, and travel expenses.

Kim McDonald:

My children's father gave me the phone number for the program. He knew I wanted to go back to school for my GED but had no money. They had free classes. Then I started going to other classes because I realized I had other problems. I had no push, no drive, real low self-esteem.

I've learned to communicate and share. I don't "fuss" as much. I used to get real upset; my attitude was bad. I couldn't get along with people. I had a lot of anger and I was real hyped up. I was mad because I was on welfare, because I couldn't get things for my kids; because of all the things that had happened to me. My anger would come out real emotional; I couldn't get all the big anger separated from being just mad about something. Now I can face my anger. I can talk about it and even laugh about it.

I used to stay real isolated and not be around people at all. But now I do a lot more. I go to seminars and talk about myself. I'm like a presenter. It's not like I'm bragging, but I'm a real leader!

HEALTHY START

Hawaii Department of Health
Family Health Services Division
Maternal and Child Health Branch
741-A Sunset Avenue
Suite 204
Honolulu, HI 96816

Loretta Fuddy, Director, Maternal and Child Health Branch

COMPONENTS

- **Systematic hospital-based screening**
  To identify high-risk families of newborns.
- **Voluntary community-based home visiting family support services**
- **Individualized services**
  Based on family's need and level of risk.
- **Linkage to a "medical home"**
  Each family is assisted in selecting a primary care provider: a pediatrician, family physician, or public health nursing clinic.
- **Information, referrals, and coordination**
  Regarding a range of health and social services for families.
- **Follow-up with family**
  Continuously, until the child reaches age five.

Additional services offered at some Healthy Start sites:

- **Respite care**
- **Male home visitors**
  To work with fathers.
- **Parent-child play mornings**
  Traveling preschools.
- **Prenatal screening and assessment**
- **Physician care coordinator**
  To collaborate with the family's physician.

OVERVIEW

Healthy Start is working to prevent child abuse and neglect in Hawaii by improving family functioning and promoting optimal child development. Upon having a child, 52 percent of Hawaii's families are systematically screened for family risk factors while in the hospital and those identified to be at risk by the screening are invited to accept comprehensive home visiting services for the first five years of the child's life. Family support workers visit each family at least once a week at first and at decreasing intervals as family functioning improves, but never less frequently than at three-month intervals. Evaluations have reported dramatically improved early identification of at-risk families and prevention of child abuse and neglect as well as decreased child abuse among participating families and improved family functioning in general.

There are 12 Healthy Start sites (i.e., physical offices that service a specified geographic area, defined by census tracts) currently in operation, implemented by seven private community agencies. Although private agencies created the impetus for the project and operate the program sites, they have succeeded in persuading the state to fund and institutionalize it within the Maternal and Child Health Branch of the Hawaii Department of Health. Significantly, the state legislature has strongly supported expansion of the program.

HISTORY

Healthy Start grew out of a pilot project begun in 1985 in Leeward, Oahu, a multiethnic, fairly depressed community with many problems: substandard housing, underemployment, substance abuse, and high rates of child abuse and neglect. The Hawaii Family Stress Center of the Kapiolani Medical Center for Women and Children developed and implemented the original model, which was administered through the Department of Health, Child Mental Health Branch. The pilot focused on child development and linkage to a medical "home" with follow-up through age five. A 1988 evaluation found no cases of abuse reported among the 241 high-risk families participating in the demonstration project.

In 1988, the home visitor child abuse prevention programs administratively moved from the Children's Mental Health Branch to the Maternal and Child Health Branch (MCHB). During 1988, MCHB decided that all home visitor programs should follow the Healthy Start model, and issued a request for proposals (RFP) so stating. By 1989, there were 11 Healthy Start programs statewide.

The participating private agencies worked together in lobbying the state legislature and in developing a plan to provide systematic screening and home visitation to all at-risk families identified in each area of Hawaii. They stressed to legislators that the impressive outcomes of the pilot project depended on following the entire model.

Locations were selected by a competitive RFP process which was based, in part, on demographics such as the rate of child abuse and neglect and percentage of population that were children. Communities had to demonstrate collaboration with existing agencies and services in the community as well as a willingness to follow the Healthy Start design and accept Healthy Start training.

COMMUNITY AND PARTICIPANTS

Healthy Start sites are located in urban, suburban, and rural communities with numerous risk factors. Healthy Start is open to at-risk families from the birth of their babies until the children reach age five. Families are screened in the hospital to determine whether they are at risk. During fiscal year 1993, Healthy Start screened 8,531 families of whom 1,033 were newly enrolled in the program; a total of 3,005 families received home visitation services.

Approximately 85 percent of families who are offered home visitation services elect to enroll in the program. The average length of participation is three years. Currently, approximately 20 percent of the total families enrolled have been in the program longer than three years.

The age distribution and marital status of the women screened by Healthy Start is fairly comparable with the distribution of all new mothers in the state. The screened population had lower educational levels than women in the general population.

The ethnic distribution of participants was as follows: 47 percent Native Hawaiian, 17 percent Caucasian, 15 percent Filipino, 7 percent Japanese, 6 percent Samoan, and 3 percent African American.

GOALS

- To improve family coping skills and functioning
- To promote positive parenting skills and parent-child interaction
- To promote optimal child development
- To prevent child abuse and neglect
- To link each family to a medical "home"

PROGRAM IN ACTION

Early identification (EID) workers review hospital admission data for childbirths to determine which families have significant risk factors. These risk factors take into account marital status, unemployed spouse or partner, inadequate income, unstable housing situation, lack of a telephone, fewer than 12 years of education, history of substance abuse, late or no prenatal care, history of abortions, history of psychiatric care, relinquishment for adoption sought or obtained, marital or family problems, history of or current depression. The EID workers interview at-risk families in the hospital and encourage them to accept home visiting services.

STAFF

State level:

1	Program head	$35,000
1	Social worker	$35,000
1	Nurse	$45,000
1	Clerical worker	$20,000
1	Data systems worker	$20,000

The staff listed are Hawaii Department of Health employees who have direct oversight of the Healthy Start Program.

Daily implementation of the Healthy Start programs is contracted out to seven private community agencies. The provider agencies take responsibility for program implementation, staff supervision, quality assurance, program variation, and identification of community needs. Agency programs vary in size; however, Healthy Start recommends a ratio of one supervisor for every five home visitors. An "average" program might include:

1	Executive director (25% FTE)	$42,000
1	Supervisor	$33,000
5	Home visitors/family support workers	$20,000
1	Child development specialist	$24,000
1	Early identification worker (at hospital)	$22,000
1	Clerical worker	$21,000

Home visitors and early identification workers are paraprofessionals; no degree is required. The preferred background for executive directors and supervisors is a master's degree in social work or psychology. Child development specialists must have a B.A. with specialization in child development.

A standardized training program has allowed Healthy Start to establish uniform standards of service delivery as the program expands. First, new staff participate in a five-week orientation course in which new trainees "shadow" more experienced workers, going with them on home visits and observing. Four to six months later, staff attend a five-day advanced training session to reinforce key concepts. After the first year, in-service training is provided: four half-days of in-service training per year at the program's own site. Managers and supervisors from each site meet quarterly to ensure a close network with a shared vision instead of seven different agencies working in isolation.

FUNDING

Annual budget: $7 million

Sources:
100% State government
- Department of Health

After a family accepts an offer of service, a paraprofessional family support worker contacts the mother in the hospital to establish rapport and schedule a home visit. At the initial home visit, this worker continues building a trust relationship and provides help with immediate needs. Home visitors assist families in securing a full range of health, educational, and support services from other local providers. The worker herself may provide emergency food supplies, help complete public housing applications, and try to resolve crises in family relationships. Home visitors provide emotional support to parents and model effective skills in coping with everyday problems. Their strategy permits initial dependence before encouraging independence. The frequency of visits varies according to the family's frequency of crisis, quality of parent-child interaction, and ability to use other community resources. Home visits continue to occur at least four times a year until the child reaches five years of age.

Participation in the program is entirely voluntary. Participants may elect to withdraw at any time.

Cultures' traditional practices are taken into consideration in the materials prepared and activities utilized in working with parents. The majority of home visitors are from the community in which families live, although no real effort is made to match the cultural background of home visitors with families they visit.

Hawaii offers its residents universal health care coverage. Having this universal coverage helps the program attain its objectives relative to linking families with a health care home, immunization, and utilization of EPSDT services.

Healthy Start coordinates a range of services for participating families. Most linkages with other public and private agencies are informal. Some program sites, however, have formal, written agreements with public health nursing and with child protection services.

GOVERNANCE

The Department of Health's Maternal and Child Health Branch administers the Family Health Services Program and Healthy Start. Responsibilities of the MCH Branch include: data system development, monitoring/evaluation, priorities/goals setting, interagency coordination, and standards setting.

EVALUATION

Outcome data from an evaluation of the initial demonstration project reflected dramatic success in reaching the goal of identifying at-risk families and in preventing abuse and neglect.

The evaluation showed:

- No cases of abuse of target children among project families
- Only four cases of neglect during the three-year project, all of which were reported by project staff to child protection services
- No abuse for the 99.5 percent of all families who had been identified by the initial hospital screening as not at risk.

More recent evaluations indicate that expansion has not reduced effectiveness. Data collected in 1992 show no abuse or neglect in over 99 percent of the families.

In October 1992, the National Committee to Prevent Child Abuse (NCPCA) received funding for a three-year study of the efficacy of Hawaii's Healthy Start program.

In addition, Johns Hopkins School of Medicine, Hawaii Medical Association, and the Hawaii Department of Health received funding for a five-year longitudinal case control study and cost benefit analysis.

REPLICATION

Expansion of Healthy Start toward a statewide system has been described as the result of "collaborative advocacy." In general, Healthy Start advocates started small with demonstration projects and used data collected as a result of those demonstrations to urge the state's legislature to expand the program. In their lobbying efforts, advocates stressed three main themes:

❶ Healthy Start is designed to serve each geographic area comprehensively.

❷ The model, in its entirety, is what produces the successful outcome we see.

❸ Anything less will not get these results.

States wishing to replicate Healthy Start are warned to think long-term when it comes to funding. Because the program works with families over a long period of time, funding for these programs doubles every year for five years before leveling off.

In 1992, the National Committee to Prevent Child Abuse and Ronald McDonald Children's Charities launched a nationwide initiative titled Healthy Families America to promote replication of the Hawaii concept nationwide. Currently, 11 states are operating small pilot programs.

TRAINING AND TECHNICAL ASSISTANCE

Individual training and on-site visits can be arranged; prices are negotiable.

Materials available:

• Prenatal curricula	$40
• Child development curricula for use in homes: *Dance with Your Baby* *Hanalike Playbook*	price negotiable
• Documentation forms used, including the family stress checklist, data collection forms, etc.	$40
• Information on MCH's computerized client-tracking system	price negotiable

Healthy Start
Hawaii Dept. of Health
Honolulu, Hawaii

Sherrie Pao:
Hawaii Island YWCA/Puna Family Support Services

I signed up for the program when I was still in the hospital after the birth of my son. I didn't even remember that I'd signed up, and then the outreach worker showed up at my house. But it was the best thing I ever could have done.

The program's taught me a lot about being a parent. Answered lots of questions about the baby. Whenever I don't understand something, I can ask. Like my son still wets the bed. He's five years old and it bothers me. I even took him to the doctor. But when I talked with [the outreach worker], she eased my mind—told me not to worry or take it so seriously.

I have two stepkids—they drive me crazy. They're 13 and 16—HELP! But I can talk with her about them too. I feel like I met a really good friend.

[The outreach worker] has done a lot of things for me. We only have one car; and she'd pick me up to take me shopping, or drive my son to the dentist. She'd get a group of us to go the beach and have picnics. It let me be around other people and make new friends.

Without the program I would have managed. I'd probably have sat around watching soap operas and been bored. This way, I get out, meet people, make friends, and my son has had kids to play with. He turns five soon, so I "graduate" from the program. I wish I could stay on with it another five years!

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPY)

53 West 23rd St.
New York, NY 10010

Miriam Westheimer, Executive Director
Kathryn Greenberg, Community Outreach Coordinator

COMPONENTS

- **Preschool curriculum with storybooks and enrichment activities**
- **Biweekly group meetings**
- **Information and referral**

STAFF

Program-level staff:

1 Full-time coordinator $17–50,000
Professional with background in early childhood education, social work, community work, adult education. Hired locally. Professional teacher's salary, depending on region of the country.

1 Half-time paraprofessional $5–7/hour
Must be part of target community and current or former program participant. Must also be literate.

FUNDING

HIPPY costs approximately $1,000 per family per year. HIPPY USA does not provide financial assistance to local programs. Local programs draw on a variety of funding sources including private foundations, businesses, and federal and state grant programs.

OVERVIEW

The Home Instruction Program for Preschool Youngsters (HIPPY) is an early childhood education curriculum designed for educationally disadvantaged parents to use with their preschool children in their homes to prepare children for success in public school. HIPPY is based on the premise that although all parents want the best for their children, not all parents know how to develop their children's potential. Paraprofessional home visitors from the community instruct parents in the use of HIPPY educational materials.

Each local HIPPY program is sponsored by a local agency, which formally contracts with HIPPY USA. HIPPY USA provides each "franchise" with training and technical assistance. The HIPPY model has been replicated at 83 sites in a variety of different settings in 23 states, and currently serves over 11,000 families. So far, only Arkansas has implemented a statewide program. The Arkansas Department of Education and local school districts have assisted HIPPY with funding by using Chapter 1 and Chapter 2 funds, along with in-kind contributions.

Because HIPPY USA understands the limitations of a home-based education curriculum, it encourages local agencies to incorporate HIPPY programs as part of a comprehensive family support process.

HISTORY

HIPPY began in Israel in 1969 as a research and development project of Hebrew University in Jerusalem. In 1982, the Ford Foundation funded an international conference sponsored by the National Council of Jewish Women (NCJW) to bring HIPPY to the attention of educators outside Israel. In 1984, HIPPY came to the United States and was sponsored by NCJW until 1991, when it became independent. In 1992, parts of the HIPPY curriculum were updated and adapted to American culture, specifically addressing issues of cultural relevance and diversity. Specifically, local programs were asked to critique the curriculum to help redevelop HIPPY storybooks to make them more culturally relevant. In 1993, HIPPY USA hired a curriculum development specialist to continue working on the development of the curriculum.

COMMUNITY AND PARTICIPANTS

HIPPY USA, the national organization that disseminates the HIPPY model to local programs, targets communities rather than families. Local programs apply to HIPPY USA to provide the program in their community. The national organization requires each local program to conduct a needs assessment on the community it intends to serve. Local programs must describe how they have determined that HIPPY would serve a need in that community, what families would be served, and what other family support services are available in the community. HIPPY USA requires that each local HIPPY program develop an advisory council with representatives from the target community, local human services agencies, schools, volunteer organizations, Head Start staff, government officials, and funders.

HIPPY participants include low-income families; teen parents; and families with a history of abuse or neglect, substance abuse problems, low parental education levels, Chapter 1 eligibility, or developmentally delayed children. Local programs are entirely voluntary. People learn about the program through various creative local outreach strategies. HIPPY USA provides some training to local programs on recruitment strategies.

GOALS

HIPPY aims to provide parents with the materials they need to provide educational enrichment for preschool children so that they will be ready to learn when they enter kindergarten. HIPPY aims to promote both parental involvement in children's education and increased school readiness. The program seeks to empower local communities by providing jobs to parents as paraprofessionals and increasing the self-esteem of participants.

PROGRAM IN ACTION

Parents of four- and five-year-olds participating in HIPPY work with their children approximately 15 to 20 minutes each day for 30 weeks per year (to coincide with the school year) for two years. Parents who have participated in the program are hired as paraprofessional home visitors. They visit each home twice a month to instruct the parents in using the HIPPY curriculum (which includes activity packets, 18 story books, and 16 manipulable plastic shapes). Parents must also commit themselves to regularly attend biweekly meetings with other parents, their paraprofessional, and the site coordinator. They review the activity packet for the coming weeks and exchange information, as well as participate in additional enrichment activities. Workshop topics may range from general parenting issues to how parents can improve their own life situation through education and training. The groups also plan family parties, picnics, and outings. They help break the social isolation many parents feel and allow parents to support one another. Local programs are encouraged to be flexible in adapting their activities to the cultural and social needs of their participants. By hiring paraprofessionals from program participants, HIPPY also provides jobs in the communities in which it is located.

To help meet other needs of participating families, HIPPY USA requires local HIPPY programs to seek out other human services and family support services in their community. In practice, a local family support organization tends to sponsor HIPPY. Local HIPPY programs develop informal linkages with local referring agencies for publicity and outreach.

GOVERNANCE

HIPPY USA has a board of trustees that includes superintendents of schools and representatives from non-profit agencies including NCJW, Hebrew University, and Arkansas Children's Hospital. This group works on national policy issues and is not involved with management of local programs.

EVALUATION

The U.S. Department of Education and the NCJW Center for the Child are in the process of a three-year summative/quantitative study of three school-based HIPPY programs that is evaluating outcomes, implementation, cost analysis, parent-child relations, self-sufficiency, and child school performance. Preliminary findings from this study on first grade teacher ratings of children's classroom adaptation show that teachers expected children to be more successful in school than those who had not been in HIPPY.

Less formally, HIPPY USA requires all local programs to use its Management Information System, a computer program that records information on program participants and tracks their progress. HIPPY USA visits each site once or twice a year to ensure quality.

REPLICATION

As a franchise, HIPPY is designed to be replicated. HIPPY USA retains oversight of local programs.

TRAINING AND TECHNICAL ASSISTANCE

As part of the replication process, local coordinators of HIPPY programs go to week-long, intensive, pre-service training. After the program is up and running at a given location, HIPPY USA conducts two site visits per year during which it trains program coordinators. HIPPY USA also helps train paraprofessionals and is available via telephone for technical assistance, trouble-shooting, and conflict resolution.

Costs to local programs for ongoing training and technical assistance and program development are:

1st year	$6,500
2nd year	$4,500
3rd year	$2,400
after that	$1,000 per year

When the program is replicated, local programs receive the curriculum (including storybooks and activity packets) and the Management Information System. HIPPY also produces a grants manual, *Launching a HIPPY Program: A Guide to Fundraising* ($10.00) and a start-up manual ($5.00).

KIDS PLACE

New Hope Services
1642 W. McClain
Scottsburg, IN 47170

Carolyn A. King, Associate Executive Director for Children and Family Services

OVERVIEW

Kids Place is a unique facility in rural Scott County, Indiana that houses the county public health department; the Women, Infants and Children program (WIC); Head Start; and New Hope Services, a private, nonprofit family support agency. Establishing Kids Place was truly a grassroots collaborative effort, and it is a tremendous example of the possibilities of a community's action—a comprehensive, coordinated family services center that works to involve the wider service community to better meet the needs of young children and their families.

In rural areas, families are often physically isolated from each other and services are spread out over a wide geographic area. Kids Place addresses these issues by co-locating services, by offering home visiting, and by providing transportation to the center and childcare so parents can more easily participate in center activities. Co-locating services and providing transportation have also resulted in a 40 percent increase in Scott County children receiving immunizations since Kids Place was established.

Kids Place operates out of a 12,500-square-foot building designed and built to suit its needs. Visitors are greeted with ample parking, a comfortable meeting room with a couch and pleasant atmosphere, and a welcoming waiting room with toys that allow parents and children to interact in a positive way from the moment they arrive. Kids Place presents as an extremely colorful and clean building that is inviting to all children and families.

New Hope Services administers Kids Place and is working with three other communities in southern Indiana to replicate the Kids Place model.

HISTORY

In 1986, health, education, and social service providers met with members of local families to discuss the problems of young families in Scott County and how to give children a better start in life. They decided that the county needed a high-profile, attractive, centrally located family services center which would show that children are valued and would provide a variety of services. All agreed that everyone in the county had to support the concept both financially and philosophically: the community had to take ownership of Kids Place. Two years of community awareness activities and fundraising—everything from bowling tournaments and concerts to yard sales and raffles—made it possible for Kids Place to open in 1988.

New Hope Services had been in existence since 1958 operating three children/family centers and two vocational rehabilitation centers in two counties. In Scott County, New Hope was serving children ages birth through five with developmental delays when the Kids Place concept was born.

COMPONENTS

- **Public Health Department**
  Offers immunizations on-site to approximately 3,000 children per year at an estimated cost of $128,419.
- **Well Child Clinic**
  Serves 350 children per year at an estimated cost of $85,000.
- **WIC**
  Serves 1,500 families per year at an estimated cost of $137,000 (does not include food vouchers and formula).
- **Ohio Valley Head Start Program**
  Serves 18 children per year at an estimated cost of $32,000.
- **First Steps Early Intervention**
  For at-risk toddlers and their families
  - Parent education, home-based (Roots), center-based (Wings)
  - Parent support groups
  - Resource parents
  - Mother and baby play groups
  - Case coordination and resource referral

  Serves 126 families per year at an estimated cost of $250,000.
- **Day care**
  Includes preschool enrichment classes. Serves 150 children per year at an estimated cost of $185,000.
- **Preschool special education**
  Serves 35 children per year at an estimated cost of $100,000.
- **Developmental screening/therapies**
  Serves 300 children per year at an estimated cost of $80,000.

- **Occupational, physical, speech therapy**
  Serves 58 children.
- **Teen parent classes**
  Serves 40 teens per year at an estimated cost of $22,000.
- **Welcome Baby Basket**
  For all Scott County babies. Contains information about resources for families in the community. Serves 230 families per year at an estimated cost of $1,500.
- **Supervised visitation for foster children**
  Serves 12 children at an estimated annual cost of $1,000.
- **Transportation**
  Via three vans.
- **Drop-in program**
- **Information and referral services**

STAFF

New Hope Services employs approximately 30 people at Kids Place, 21 of them on a full-time basis. These staff include:

1	Executive director	$40-60,000
1	Associate executive director for children and families	$40-60,000
1	Associate executive director for adult services	$40-60,000
Management team		
1	Early intervention director	$24,000
1	Day care director	$24,000
1	Administrative assistant	$15-18,000
1	Therapy director	$30,000
Families staff (professional/degreed)		
2	Head teachers (one for home visiting, one for center classes)	$18-22,000
1	Home interventionist	$18-22,000
1	Part-time social worker for 15 hours/week	$15/hour
1	Family services coordinator	$20-24,000
	Therapists Contracted by the hour as needed	$45/hour

COMMUNITY AND PARTICIPANTS

Scott County, Indiana, is a rural community 30 miles north of Louisville, Kentucky. It has a population of 22,000, with multiple high-risk problems including 9.8 percent unemployment, a 20 percent teen pregnancy rate, a 62 percent high-school dropout rate, and a high percentage of families receiving government assistance.

Kids Place is open to everyone in the county, but because WIC and the early intervention program must follow particular federal and state guidelines, respectively, low-income people form a sizable portion of participating families.

Participants learn about the program via word-of-mouth, Kids Place outreach efforts (including the Welcome Baby Basket program, extensive networking, flyers, and brochures), and referrals from other service agencies.

GOALS

Kids Place programs work to provide comprehensive, coordinated family services and to involve the wider service community to better meet the needs of children and families.

PROGRAM IN ACTION

Programs at Kids Place are dedicated to meeting families' needs in the most flexible and individual way possible. Services are provided not only at the center, but also in homes, jails, high schools, elementary schools, homeless shelters—wherever children and families are available.

Staff give top priority to developing trust with families. When a family comes into the WIC office, for example, a staffer working on the other family support components will greet the family in the hall and follow up this informal contact with a home visit. Families learn that staff think of them as individuals, not just case files.

New Hope Services staff work from the premise that all families want the best for their children and have strengths on which to build. Although most participating families have been referred there because they have had a problem (e.g., a developmentally delayed child), they invariably talk about how they have been helped to help themselves.

New Hope Services' practice of building on strengths is empowering for all who are involved. At the classes for teen mothers, staff do not lecture the mothers but encourage them to share experiences with each other. This approach validates the young women's strengths while giving them necessary information in a form they can relate to. The universality of services and non-deficit approach are illustrated by the program participants who have become staff and by other staff who have used center services for their own needs. Staff members are extremely sensitive to the needs of the community because they are a part of it.

Kids Place is linked with 32 public and private organizations. It exchanges reciprocal referrals with these programs on a continuing basis. The list of partners includes the County Extension Office, the Department of Family and Child Services, Child

BEST COPY AVAILABLE

Protective Services, mental health and substance abuse programs, the school system and the Chamber of Commerce. Some linkages are formal; for example, Kids Place has a contract with the Division of Family and Children Services to provide parent education for certain families. Other linkages are informal; for example, staff work with schools to meet the needs of participating children and families.

The programs within Kids Place constantly communicate with each other. In at least one case, they also share staff—the person who works with the teen parents for New Hope Services works one day a week in the public health clinic doing pregnancy tests and prenatal checkups.

GOVERNANCE

New Hope Services has a 13-member board of directors that includes representatives from the county, businesses, and the community; at least 25 percent of the directors are parents who currently or potentially participate in the program. The board of directors approves policy decisions of the advisory boards, but has little involvement in day-to-day decision making.

Kids Place does not have a separate board but does use advisory committees. These committees, made up of staff and parents, do much of the day-to-day decision making, such as setting policies on behavior management or rates for day care. They are organized by issues and programs into groups such as the childcare advisory committee and the early intervention advisory committee. In addition, program administrators from the various agencies meet as needed to discuss common concerns and future directions.

EVALUATION

Kids Place generates monthly statistical reports that indicate which services are being used by which families. These are studied quarterly to understand trends, track progress of families, and to assess whether goals stated in the annual strategic plan are being achieved. Additional evaluations are planned as computerization and the staff's technological knowledge increase.

To keep services relevant, Kids Place annually surveys parents and staff. Their responses are reviewed and incorporated into the planning process. All staff participate in exit interviews when they resign. Kids Place also plans to interview families who no longer participate at the center.

While it is difficult to document a clear correlation, many positive outcomes have occurred since the program's inception. These include:

- A greater-than-average number of the teen parents who have participated in Kids Place programs have not had a second child.
- A majority of the teen parents who have participated in programs have finished high school.
- None of the teen parents have been referred back for services because of child abuse.

Families staff (paraprofessional/non-degreed):

6	Teachers aides	$11,000
6	Special needs assistants	$11,000
1	Parent educator	$13-15,000

Support Staff

3-4	Clerical staff	$11,000
2	Van drivers	$11,000

Degreed staff have bachelor's degrees or master's degrees and pre-service training in their fields. Paraprofessional staff receive appropriate pre-service training on-site in addition to any training and experience they already have. Because the rural nature of the area means that children can spend considerable time in the vans with the drivers, training in child development enables the drivers to cope with situations that arise and also to identify problems that other staff should know about. All existing staff are required to participate in at least 24 hours of training annually by taking courses or attending conferences. Each year Kids Place closes for one week (providing only emergency services and some day care) for staff planning and training. As part of the employee evaluation process, each employee has a personal improvement plan, and the goals of this plan are matched with training opportunities.

FUNDING

WIC and the county health department have their own budgets and pay their own staff. Both programs pay rent to Kids Place/New Hope Services.

Annual budget: $528,500
For New Hope Services at Kids Place

Sources:

- **42%** Federal government
  - Social Service Block Grant, Title XX
  - Head Start
  - Chapter 1
  - Medicaid
  - USDA (School lunch)
- **6%** State government
  - Coordinated services funds
  - Substance abuse prevention
- **25%** Local government
  - Public school (special needs children)
  - County taxes
- **2%** Private sources
  - March of Dimes
  - Local United Way
- **19%** Child care
  - Fees from some families
  - Title XX, dependent day care
  - State subsidy
- **3%** Leases
- **3%** Private fundraising

- Many fewer children have been referred for special education services. In fact, only those with specific learning disabilities have been referred in public school, while those with other school readiness problems have been helped before kindergarten and registered for regular classes.

- Many fewer children have been removed from their homes.

- Many parents have received GEDs.

- The number of Scott County children receiving immunizations has increased by 40 percent.

REPLICATION

New Hope Services works with communities to replicate Kids Place. To date, Kids Place has been replicated formally two times, and a third site is scheduled to open within the year—all these in southern Indiana. Each replication is planned, implemented, and finally administered by New Hope Services with the local community's initiative, involvement, and support. Replicated sites are similar to Kids Place, but each site has adapted the program to meet its community's needs.

Kids Place staff have also advised similar programs that were separately set up.

MATERNAL INFANT HEALTH OUTREACH WORKER PROJECT (MIHOW)

Center for Health Services
Station 17, P.O. Box 567-VUH
Nashville, TN 37232-8180

Kathy Skaggs, Director

OVERVIEW

The Maternal Infant Health Outreach Worker (MIHOW) Project is a network of 21 family support programs organized by the Center for Health Services (CHS) at Vanderbilt University to serve low-income families in the Mississippi Delta and Appalachia. Training local women as the primary staff (outreach workers), MIHOW programs provide a low-cost intervention aimed at improving family health and child development for low-income rural families. At each site, the project is coordinated by a local community-based organization which, with CHS training and technical assistance, gradually takes on the responsibility for maintaining the project. The trained outreach workers visit pregnant women and parents of small children in their homes, providing health and child development education, support for healthy lifestyles and positive parenting practices, as well as advocacy with health and social services systems. In addition, parent group meetings give parents an opportunity to share experiences and learn from each other.

It is important to note that the unemployment rate among men and women in many areas of Appalachia and the Delta is well above 50 percent. The training that an outreach worker receives from MIHOW provides a positive opportunity for her to obtain a job and modest income.

HISTORY

MIHOW was originally funded by grants from the Ford Foundation and Robert Wood Johnson Foundation in 1982. The five original sites were selected because they possessed strong community-based agencies that could support the unusual work of the outreach workers. Currently, 21 MIHOW programs are operating throughout Appalachia and the Delta.

Two types of needs assessment were performed by Vanderbilt University and the outreach workers from the original five MIHOW sites: 1) Vanderbilt surveyed several community health clinics throughout the area and found a significant need for more effective outreach services. 2) At the original five sites, outreach workers conducted community assessments in which they identified the social and health needs of families and evaluated the capacity of the local service providers to address the identified needs.

COMPONENTS

- **Home visits/case management**
- **Case advocacy**
- **Parent education**
- **Positive parent-child interaction**
- **Health and developmental screening**
- **Information and referral**
- **Peer support groups**

STAFF

Generally, each MIHOW program has a staff of one full-time supervisory outreach worker and two other full-time outreach workers (or four half-time outreach workers). These workers serve a total of between 60 and 80 families annually.

Outreach workers are mothers from the community being served. Some outreach workers are former program participants. Salary for this position is approximately $16–18,000 per year.

Several training opportunities are afforded to home visitors. Initial on-the-job training prepares home visitors for the challenges they face as they gradually develop a caseload of families to visit. Home visitors receive training in pre- and post-natal health, pregnancy and childbirth, child development, communication and organizational skills, and community resources.

Twice-yearly central training sessions involve staff from all sites. At these gatherings, MIHOW workers share information, ideas, and resources. Each gathering includes time for skill-building around family support services, efforts to make connections between MIHOW and larger community issues, personal development activities, and MIHOW business.

More than 40 outreach workers have participated in college-level courses such as Group Dynamics, the Health of the Family, and Child Development. The opportunity to participate in college classes is a unique advantage of the MIHOW program for these women from isolated rural communities. Since many outreach workers have had unsuccessful experiences in school, the college courses are specially designed to engage and attract them. Outreach workers participate in monthly classes and complete college-level reading assignments. They analyze their home visiting and group work tasks to satisfy the field requirements of the course. Classes are approved for credit by Mountain Empire Community College in Pennington Gap, Virginia.

FUNDING

The current operating budget for each MIHOW program is about $50,000. This funding comes from a mixture of public and private sources.

COMMUNITY AND PARTICIPANTS

MIHOW programs serve families from two distinct cultural communities: Caucasians and African Americans from Appalachia, and African Americans in the Mississippi Delta. Approximately 550 families were served in 1993.

Both the Appalachian and the Delta families live in communities that are rural, low-income or jobless, resource-poor, and under-served.

The target population is pregnant women who are poor, single, and socially isolated. Families may participate until their youngest child reaches three years of age. Ninety percent of program participants are from this target population.

Participants learn about the program through word-of-mouth and through the efforts of outreach workers who actively seek out prospective participants.

GOALS

- To improve prenatal care
- To improve birthweight
- To improve infant care
- To improve family health
- To improve parenting skills
- To improve child development
- To improve life skills
- To facilitate community development

PROGRAM IN ACTION

The primary service delivery mechanism for MIHOW is home visiting. Outreach workers, through their contacts in the community, seek out pregnant women who need prenatal care and social services.

MIHOW home visitors follow a 150-page curriculum that has been used by home visitors in both Appalachia and the Lower Mississippi Delta for more than ten years. Developed by the Center for Health Services with input from home visitors and experts in health and child development, the curriculum outlines goals, objectives, and suggested activities for each visit. The curriculum covers the personal health of the mother and child, nutrition, exercise, parenting skills, personal goal-setting, and family communication. These and other topics are discussed in home visits which take place monthly during pregnancy and the child's first year and bimonthly during the second and third years.

The outreach to families optimally begins before the birth of a child and can continue until the child is three years of age. Depending on the needs of the family, home visits will take place anywhere from once a week to once a month.

In addition to home visits, some community-based programs provide center-based parent support groups. These groups perform two important functions. First, they can serve as a transition for mothers out of home visits and into community activities. A support group can help a mother confirm that she is capable of functioning independently. Second, support groups can help an isolated mother develop a social support network within the community. By having an opportunity to discuss child-rearing and share lessons, the mother often learns that her problems are not unique. Within this context, she develops trusting and supportive relationships with other women.

At each program site, MIHOW is only one item on a menu of services provided by the community-based agency. Few programs have formal linkage agreements; most work within a network of service providers.

GOVERNANCE

Each agency that sponsors a MIHOW program has a board of directors representative of the community served that oversees the MIHOW program. MIHOW programs do not have advisory committees or parent boards that oversee the MIHOW staff.

EVALUATION

A quasi-experimental study was conducted for the program from 1983 to 1988. The Caldwell HOME Inventory was given to MIHOW and control mothers when their children were approximately one-year-old and again at approximately two years of age. HOME assessed differences between the groups in mother-infant interaction and parental management of the infant's environment. MIHOW mothers scored significantly higher than the control group at both one- and two-year interviews. This evaluation demonstrated that MIHOW promoted sound health practices during pregnancy and improved infant feeding practices during the first few years of life, and that the project's paraprofessional staff improved the quality of the home environment of rural low-income children.

Also, in 1989 and 1990, a team of evaluators looked at the programs' qualitative impact. This study showed that MIHOW participants experienced reduced social isolation, increased assertiveness with welfare and legal systems, and an improved sense of purpose and hope.

REPLICATION

The MIHOW program expanded from the original five sites in 1982 to 21 sites in 1994. Each site is responsible for raising its own program funding.

TRAINING AND TECHNICAL ASSISTANCE

The outreach worker curriculum can be purchased for $30.

Maternal Infant Outreach Workers Project/Center for Health Services
Nashville, TN

A single mother:

[When I was pregnant] we were watching a movie—the home visitor, my Lamaze partner and my girlfriend. My boyfriend was upstairs. We were talking about the baby and what's going to happen and all this stuff. We asked him to come down and look with us. No, he didn't have the time, he didn't want to be bothered. He told me after she [the home visitor] left that he sat upstairs by the vent and listened to every word we said.

At the beginning he didn't want to get aggressive into pre-parenting like I did because I had no other choice. They give you papers and all of this stuff and I'd leave that lying around just in case I wanted to glance at it. The home visitor gave me books and I'd put them on my dresser. He read the whole book. He was telling me about it. He's a good father now. When he's here he gets up in the middle of the night and bottle-feeds the baby.

A west Tennessee teenage parent:

I'm trying to get stacked up straight now. A nice steady job. I'm helping my children and myself more. I'm better as a mother and as a person.

I'm setting goals, for me for my kids… about life. The thing that helped me was knowing someone was there for me and my baby. I think that having someone to be there and to talk to made me feel much better about myself. I think the program makes teen mothers think about the pregnancy and to learn what it all means. If the program had been around with my first pregnancy, I probably wouldn't have had my second baby. I would have been better prepared for life. It helps you prepare for being a single parent because they teach you that one mistake is not the end but you can still be the best you can be. I know I'm better with my kids now.

THE NATIONAL INSTITUTE FOR RESPONSIBLE FATHERHOOD AND FAMILY DEVELOPMENT

8555 Hough Avenue
Cleveland, OH 44106-0104

Charles A. Ballard, Founder/President
Stacie Banks Hall, Vice President of Communications

COMPONENTS

- **Services for fathers**
  Intensive nontraditional one-to-one counseling, group counseling, family outreach, fathering skills, health and nutrition information, medical and housing referrals, and career guidance.

- **Services for mothers with male children**
  Individual and group counseling and support around pertinent parenting issues and integrating positive male role models into their children's lives.

- **African American Male Leadership and Empowerment Program**
  Incorporating drug prevention and abstinence, this component uses Afrocentric concepts to promote health and well-being, strengthen family cohesiveness, and improve the overall quality of life for African American males. Directed primarily to young fathers who are still in school, these classes cover decision-making, stress management, personal mastery, Learning How to Live (Rite of Passage), and spiritual enhancement. This enrichment program is conducted in schools, churches, and community centers and encourages all members of the African American community to take a proactive stance against alcohol and drug abuse, domestic violence, gang involvement, criminal activity, and out-of-wedlock pregnancies.

- **Services for incarcerated fathers and families**
  Aimed at improving the health and well-being, education, and thinking of incarcerated fathers, this program discourages recidivism by working with incarcerated fathers and their sons to improve their relationships, as well as to improve relationships with extended family members to prepare for the father's homecoming.

OVERVIEW

Created in 1982, The National Institute for Responsible Fatherhood and Family Development is a nonprofit organization whose primary focus is "turning the hearts of fathers to their children and the hearts of children to their fathers" in order to create a viable and healthy environment for all. Since its inception, the agency has provided nontraditional counseling, education, and intervention services to more than 2,000 men at no cost to participants. Through this work, the Institute seeks to encourage fathers to become positively involved in the lives of their children and to learn to respect their children's mothers. The Institute firmly believes that the best role models for children are two parents who have learned how to show love and respect toward each other.

Fathers participating in the Institute's programs are exposed to techniques in leadership development and public speaking, employment opportunities, educational enhancement, and entrepreneurial thinking. The core curriculum is designed to encourage men to take control of and responsibility for their lives, and to move toward economic self-sufficiency. Counseling services are provided by paraprofessional outreach specialists primarily in the homes of participating males. Outreach specialists are available 24 hours a day, seven days a week.

The Institute's administrative office is located in Cleveland. Outreach specialists provide services either in person or by telephone to fathers around the country.

HISTORY

In the 1970s, Charles A. Ballard, the Institute's president and founder, was a supervisor of outreach workers at a pre- and post-natal facility serving mothers—many of whom were teenagers—using the OB clinics of the Cleveland Metro Hospital System. He noticed that 90 percent of the expectant mothers were coming to appointments by themselves and assumed that most fathers were not involved in these pregnancies or presumably in subsequent child-raising activities. Ballard attributed this to a lack of attention being paid to fathers by hospital administration and to the fact that the fathers themselves were not taking the initiative to become involved parents. In 1976, Ballard collected the names of the fathers from the mothers receiving care in the six clinics, contacted the fathers, and started to work with them. After working with 400 fathers in group and one-to-one counseling for over two years, Ballard developed his concept for working with fathers ages 14-55. In 1978, with a grant from the Department of Human Services, Ballard initiated a pilot project working with teen fathers. In 1982, he founded the Teen Father Program. In 1991, he changed the name of this program to The National Institute for Responsible Fatherhood and Family

Development to reflect the broader range of services provided. The program has expanded since its inception to include services for mothers with male children, grandparents, and others involved in parenting roles.

COMMUNITY AND PARTICIPANTS

Although the Institute targets high-risk fathers and their children, as well as single mothers with male children, there are no eligibility requirements for participation. The Institute provides services to anyone requesting them. Approximately 200 families received services last year.

A little more than 93 percent of participating fathers are African American. More than 65 percent of the fathers are between ages 13 and 20. Most fathers enter the program unemployed.

Approximately 95 percent of participating mothers are African American. Mothers range in age from 15 to 25; 71 percent are under age 21. Family incomes of mothers are extremely low: 80 percent earn less than $5,000 annually; 45 percent support one other person, and 45 percent support three to four other people.

People learn about the program through schools, community agencies and by word-of-mouth from current and former participants. Some parents are referred through the juvenile court system; their participation is mandated.

GOALS

- To establish paternity of all children
- To facilitate fathers' completing high school education or GED
- To encourage a risk-free lifestyle (i.e., eradicate gang involvement, eliminate substance abuse and violent or abusive behaviors)
- To create systems of social support for families through family events and activities
- To increase employment and voter registration

PROGRAM IN ACTION

The Institute's counseling is nontraditional in several ways. Counseling is provided in participants' homes by paraprofessional outreach specialists. The Institute does not require a specific educational background for staff in these positions. Rather, the personal characteristics and commitment of the outreach specialist are seen as the most important qualifications. Outreach specialists are available to clients (called proteges) 24 hours a day, 7 days a week by pager.

Outreach specialists employ methods developed by Charles A. Ballard, the Institute's president, which are modeled in required, weekly, four-hour in-service training meetings.

- **Entrepreneurs Initiatives**
  Through this program, inner-city youth and adults learn to create and develop businesses. Working in collaboration with local businesses and national corporations, program participants are exposed to techniques in leadership, public speaking, employment opportunities, education enhancement, and entrepreneurial thinking.

STAFF

1	President MSW	n/a
1	Vice president for communications Two years college, four years job-related experience, excellent writing and communication skills, use computer, familiar with media and graphic arts, excellent detail/organizational skills, three to four years supervisory experience	$30–45,000
1	Vice president for operations Four years college or related work experience, ability to relate to people well, supervisory experience	$30–45,000
1	Vice president of finance Four years work experience in accounting or CPA, two to four years nonprofit experience	$30–45,000
1	Accounting manager Two years non-profit accounting experience	$23–27,000
2	Administrative staff	$12–16,000
6-8	Outreach specialists High school diploma or GED and desire to model risk-free lifestyle, committed to making a difference, bondable, computer experience helpful	$15–20,000

In addition to these full-time positions, the Institute draws on the expertise of an extensive network of volunteers. Volunteers provide childcare during meetings, consult on various projects, and even coordinate special projects or public relations efforts.

The Institute devotes considerable time and resources to training its outreach specialists. (Some of these staff are former program participants that have gained control over their lives, and are now giving back to the community, by serving as excellent role models, providing support and service.) Initially, there is a three-month pre-service training period during which Ballard introduces trainees to the philosophy and counseling methods of the Institute through classes. Trainees then shadow a more experienced outreach specialist, observing the methods in practice, and then take on a small caseload which is closely supervised.

Additionally, all staff and trainees (shadows) participate in the mandatory weekly four-hour in-service training.

FUNDING

Annual budget: $672,624

Sources:

- **10%** Federal government
  - Office of Minority Health
- **34%** Local government
  - Cuyahoga County Abused Families
  - Cuyahoga County Juvenile Court
- **56%** Private sources
  - Foundations
  - Individual and corporate contributions

The principal method used is the "drawing out method." This method encourages proteges to arrive at their own solutions. Counseling is customized and centers around the client identifying his self-worth, clarifying his values and feelings about fatherhood, and learning management and decision-making skills. Other techniques used by counselors include: creative questioning which generates subconscious thinking, perception-checking which establishes rapport, mirroring, anchoring, future pacing, and belief-system change which shifts thinking to possibilities not before perceived.

Presentations, meetings, and sometimes even direct services are also provided in local schools, churches, and community organizations.

The Institute has few formal linkage agreements with health and social service agencies, however, it has many collaborative agreements with local businesses and national corporations.

GOVERNANCE

The Institute is governed by a board of directors which is composed of representatives from the community, the corporate sector, and other service-providing agencies. Program participants are not currently represented on this body, but the Institute is discussing how to include them. The board sets policy and also serves in an advisory capacity.

EVALUATION

A former client outcomes survey was conducted by Drs. Regina Nixon and Anthony King of Case Western Reserve University. The study gleaned the following information about male participants:

- Before entering the program, only 14 percent had acquired 12 years of education. By the time they left, 38.5 percent had completed 12 years of education. Overall, 70 percent of participants eventually obtain 12 years of education.
- Since leaving the program, 11.5 percent acquired at least one year of college.
- Prior to entering the program, 74.2 percent were unemployed. By the end of the program unemployment had decreased by 10 percent. Overall, 62.3 percent are employed full-time, and 11.7 percent are employed part-time.
- Overall, greater than 90 percent establish paternity.
- More than 75 percent reported fathering no additional children out-of-wedlock.
- Approximately 97 percent provide financial assistance for their children.

REPLICATION

At present, the Institute has received more than 30 requests for replication of its services. The National Institute for Responsible Fatherhood and Family Development is currently considering sites for replication (in Washington, D.C.; Milwaukee; San Diego; Yonkers; Baltimore; and Alexandria, Virginia), and throughout the replication process the Institute will emphasize maintaining the service model and quality of services provided.

TRAINING AND TECHNICAL ASSISTANCE

Training is available on the techniques used to provide the nontraditional home-based outreach. Just as counseling is customized, training is tailored to the needs of the recipient. There is a fee of $2,000 per day. (Fee is negotiable and should not be a deterrent to requesting technical assistance.) Programs may videotape training sessions.

NEW FUTURES SCHOOL

5400 Cutler, N.E.
Albuquerque, NM 87110

Sandy Dixon, Principal

COMPONENTS

- **Basic education**
  Courses include language, math, operational science, history, home economics, reading, pre-employment education, child development, health, economics, government, and GED preparation. All instruction is individually paced.
- **Health services**
  Four health clinics provide prenatal and postnatal care, immunizations, and WIC.
- **Child development education**
  Includes direct instruction and lab experience.
- **Job training**
  Approximately 30 teens participate each year at an estimated annual cost of $30,000.
- **Day care**
  Four cooperative day care centers serve children ages two weeks to four years. Centers serve 300 infants per year at an estimated cost of $150,000.
- **Personal and group counseling**
- **Special education services**
  Serve 50 teens per year at an estimated cost of $245,000.
- **Breakfast and lunch programs**
- **Library**
- **Thrift shop**

OVERVIEW

One of four program models used as a basis for federal legislation on adolescent pregnancy, New Futures School is an alternative school of the Albuquerque public school system and a community-based organization that offers educational, health, counseling, vocational, and childcare services to pregnant adolescents and adolescent parents.

Since its humble beginnings in the basement of the Albuquerque YWCA, New Futures has moved into a new facility, the first of its kind in the United States to be designed and built specifically for the needs of a program serving pregnant and parenting adolescents. Special features of this facility include the New Futures library, thrift shop and day care.

While most of the services New Futures offers are based at the school, New Futures also offers home-based services through its special education program and post-partum home visits. Approximately 600 teen parents participate annually, the majority of whom are Latino.

HISTORY

The program was initiated by a small group of community activists who were concerned about both the expulsion from public school of pregnant adolescents and the health problems associated with teenage pregnancy. Initially, Albuquerque Public Schools committed only to granting credits for New Futures classes but gradually and steadily increased its involvement and financial support until, in 1976, it assumed primary responsibility for the program. At the same time, New Futures, Inc. was incorporated as a community-based, not-for-profit organization dedicated to providing services for adolescent parents and maintaining the vital link between New Futures School and the Albuquerque community.

The original program was designed as a short-term intervention (one year or less). Planners believed that students would return to their home schools after delivery and adjustment to parenting and would eventually graduate. Information from students and parents and withdrawal data indicate that only a few students actually re-enroll in their home school. Consequently, a long-term program at New Futures has evolved.

COMMUNITY AND PARTICIPANTS

Albuquerque is an urban area with a population of approximately 400,000: 57 percent Caucasian; 38 percent Latino; 3 percent African American; and 2 percent Native American and other racial/cultural groups.

New Futures enrolls 600 pregnant and parenting teens per year. Students range in age from 12 to 20 years and come from a variety of cultural and ethnic groups. A significant proportion of New Futures students perform in the lowest quartile in nationally normed reading assessments and have less academic success than their peers. The majority of New Futures students are older than most others in their grade. The consequences for these students are higher drop-out rates and delayed graduation. New Futures students are also more likely to come from low-income and single-parent families. Consequently, New Futures students need extensive academic, personal and vocational support.

Last year, the program enrolled 540 teen mothers: approximately 55 percent were Latino; 20 percent Anglo; 6 percent African American; 8 percent Native American; and 1 percent were of other ethnicities.

GOALS

The goals of the program are to help parenting and pregnant teens:

- Make responsible, informed decisions
- Complete their secondary education
- Have healthy pregnancies and healthy families
- Be responsible parents
- Be contributing, self-sufficient members of their communities.

PROGRAM IN ACTION

New Futures students come, voluntarily, from both high schools and middle schools within and outside of the district. In addition to the traditional academic requirements, all of New Futures' pregnant students take a Personal and Child Health class. In this class, students learn about pregnancy and how to get ready for the birth of a baby.

All New Futures students who are not planning to release their babies for adoption take a child development course. In this class, students learn how to care for their children at the various stages of their development. Students learn about feeding, bathing, and changing diapers, and they practice what they have learned in one of the school's nurseries. (Mothers who use day care are required to assist at the center for one hour per day as part of their parenting education.) All students with other children take a class: Care and Raising of Toddlers.

The fathers of the babies/toddlers may participate in New Futures' GED preparation program and work in one of the school's nurseries. Fathers are also encouraged to participate in the school's childbirth classes.

New Futures has collaborated with numerous agencies in order to provide "one-stop-shopping" for its students—that is, access to a wide range of health/medical, social, and educational services under one roof:

STAFF

At the program level, there are 70 staff. The specific job titles and salary ranges of the staff are listed below:

Principal	$56,000
Counselors	$39,800
Teachers	$35,270
Nurses	$33,540
Educational assistants	$10,460
Work in day-care centers	

FUNDING

Annual budget: $1,575,000

Sources:

21% Federal government
- Title XX Family Life Skills
- JTPA

79% Albuquerque Public Schools

New Futures School
Albuquerque, New Mexico

Eileen (age 18):

I heard about New Futures from the principal at my old high school. She was a good friend. When I found out I was pregnant and didn't know what to do, I went to talk with her. I didn't even know if I'd come back to school at all after my baby was born. She told me about the school.

The people here really get involved with us. The counselors get involved in all aspects of our lives—like job possibilities and school opportunities. And we're really treated like adults.... My parents come to PTO meetings and they're even chaperoning the prom, so I guess they're involved too.

I thank God every day for this school. I'd have had to drop out if it weren't for this school. I bring my baby to the school nursery every day. I'm breastfeeding him and they'll even bring him to the classroom so I can nurse him when he's hungry.

Being here has helped me set goals. The people here don't want to just get you to graduate. They want you to see that there's more out there and they help you a lot. It's really made a big difference for me and made me a stronger person. Plus, all the other girls here know what I'm going through, because they're all going through the same things.

I'm president of the Student Council now. I want to give back to the school for what it's given me....If more people knew about this school, maybe there would be more like it.

- Maternity and Infant Care Clinic provides prenatal and post partum care for students.
- Women, Infants & Children Supplemental Food Program (WIC) provides food supplements for students and their children who meet WIC guidelines.
- A nurse provides immunizations for students and their children, as required by state law.
- Public Health Service Teens & Tots Clinic provides a full range of care for Native American students and their children.
- A Public Health pediatrician and a pediatric resident from the University of New Mexico School of Medicine provide services for children in the day-care centers as needed.
- A Human Services case worker helps students access food stamps and Medicaid.
- A psychologist is on campus to meet with students.
- Technical Vocational Institute, a community college, offers GED classes.

New Futures also has linkages with several other agencies, including:

- Albuquerque middle schools: New Futures staff work with several middle schools in the area of pregnancy prevention.
- Boy Scouts of America: They provide workshops on such topics as resume preparation and legal issues affecting young parents and have created a speakers bureau.
- Child welfare agencies: New Futures counselors make referrals to these agencies.

Through the wide range of programs and services offered at New Futures, the school empowers students by providing them with: the information that will enable them to make informed decisions; authentic, tangible avenues for success (e.g., becoming a good parent); and opportunities for job training/vocational education which will enable them to become financially independent.

New Futures has had some difficulty involving students' parents in the school. However, school staff are currently in the process of helping to organize a parent organization. Parents who are already active are doing the recruiting. Once the organization is formed, the parents themselves will determine their agenda.

Because New Futures serves students who are from both within and outside the county, the school has a tenuous relationship with the community in which it is located. "Which community?" is the important question; New Futures is not a neighborhood or community school. New Futures does, however, have an extensive outreach program. For example, staff educate teenagers about the reality of teen parenthood at schools, churches, and social service agencies. They conduct a comprehensive public information program through posters, public service announcements on radio and television, newspaper articles, and speaking engagements. In addition, the New Futures library, thrift shop, and day-care centers provide opportunities for volunteers from the community to become involved.

GOVERNANCE

The Albuquerque Public Schools Board of Education, an elected school board, acts as the governing board of New Futures. New Futures also has an advisory board of community members.

EVALUATION

New Futures conducts regular internal evaluations to monitor client satisfaction with the program and its services. Program outcomes are measured by collecting information about the health of the mother and baby and the mother's continuation in school. Several external evaluations of various aspects of the New Futures program have also been conducted. With funding from the U.S. Department of Health and Human Services, Abt Associates studied the employment and day-care components. They reported that there was a lower repeat-pregnancy rate among New Futures participants than in a control group, and that participants had better school attendance and attitudes toward work. The U.S. Department of Labor commissioned a study of the program's employment component and found similar results.

REPLICATION

Program components have been replicated in Ft. Worth, Texas; Carlsbad, New Mexico; Phoenix, Arizona; and other communities throughout the U.S.

TRAINING AND TECHNICAL ASSISTANCE

New Futures staff are available to make presentations or provide technical assistance to schools and community-based agencies. New Futures publications include:

- *Teenage Pregnancy: A New Beginning*
- *Exercise for a Healthy Pregnancy and Birth*
- *Breastfeeding—Something Special for Mother and Baby*
- *Student Study Guide (for Teenage Pregnancy: A New Beginning)*
- *Working with Pregnant & Parenting Teens*
- *Math Applications in the Home*
- *Teacher's Guide: Math Applications*

NEW HAVEN FAMILY ALLIANCE, INC.

5 Science Park South
New Haven, CT 06511

Mustafa Abdul-Salaam, Executive Director

COMPONENTS

- **Community Case Management**
  - Community-based, culturally responsive in-home services. Serve 100 families per year at an estimated cost of $500,000, or $5,000 per family.
  - Juvenile justice case management offers the same services as above with different funding and serves 60 families per year at an estimated cost of $190,000.
- **Center for Parent and Neighborhood Development**
  Main goal is to organize parents to participate in decision-making process at neighborhood and city levels.

  Services include:
  - Leadership development/training
  - Resource development for consumers at neighborhood level
  - Information and referral, brokering services for families to make sure families, in their attempts to access services, are not fractured by the process
  - Conferences, workshops, discussion topics determined by parents (community development, proposal writing, life skills, parent education, money management, youth development)
- **Youth groups**
  Social and cultural development.
- **Collective buying program for bulk food**
- **Alcoholics Anonymous, Al-Anon**
- **Clothing pantry**
- **Support groups**

OVERVIEW

New Haven Family Alliance, Inc. provides child-centered, family-focused, home-based case management services to families referred through the state's child welfare system. It contracts with community agencies to develop and operate family support centers, promotes the integration of services, establishes new services according to local needs, and serves as a model for systemic change. The Alliance provides a broad array of services to families and children with multiple needs in their homes and communities, in an effort to preserve the family unit and prevent substitute care.

One of this program's primary goals is to help people organize and advocate for their own needs and control their own resources. Participants are involved in governance at every level of the Alliance's operations. Empowerment is an explicit goal of case management as well. The Alliance uses the definition of empowerment developed by the Cornell Empowerment Group: "Empowerment is an intentional, ongoing process, centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over these resources."

Cultural responsiveness is another explicit goal of the program, accomplished primarily through the hiring of staff who reflect the cultural background of consumers of the program. This policy extends to leadership, board, and management, not only front-line staff. According to the Alliance's executive director, the greatest degree of cultural awareness is with those who share a cultural reality.

Most of the work of New Haven Family Alliance goes on in clients' homes, but its administrative offices are located in a new high-tech industrial development which is still under construction. The size of the Science Park development and the guard booths at the driveway entrances make the complex seem relatively removed from the low-income neighborhood adjoining it. This complex contains several large, low-rise steel-and-glass buildings and a large meandering parking lot. The Alliance's offices look new and well-furnished in a corporate style.

HISTORY

In its first few years of existence, New Haven Family Alliance has had to overcome daunting obstacles that have tested its resilience, determination, and responsiveness. Planning for the Alliance began in November 1989; it was to be the initial demonstration site of Connecticut's Child Welfare Reform Initiative. Funded by the state, the city of New Haven and the Annie E. Casey Foundation, this initiative was an interagency effort to make fundamental changes in the way services to children and their families are delivered and managed. The initial planning and needs assessment were top-down processes. The state of Connecticut and the Annie E. Casey Foundation produced a workplan assessing why child welfare reform was needed in Connecticut. Addressing issues such as how state agencies were functioning, the workplan identified gaps in services and how to address these gaps. It focused on systems reform but also addressed capacity of local agencies and needs of consumers.

In 1990, a change of leadership at the state level and an extreme fiscal crisis prompted the state to withdraw from the Initiative. A groundswell of support for the Alliance and the Initiative persuaded both the state and the Casey Foundation to continue funding the Alliance for one year. Meanwhile, the Alliance did not relinquish its mission to serve as a model of child welfare system reform.

The Alliance initially sponsored three neighborhood family resource centers. All subsequently closed or were forced to sever ties with the Alliance, a situation that prompted the Alliance to reconsider its family resource center strategy. The Alliance learned that simply designing and placing a family resource center in a neighborhood does not ensure its efficacy or even its use: the community must be included in the process and feel part of the project from the beginning. Currently, the Alliance is concentrating its efforts on neighborhood capacity-building and empowerment. The Center for Parent and Neighborhood Development empowers and organizes neighborhood families to advocate on their own behalf to control their own resources and to develop, design, create, and manage their own programs. The Center for Parent and Neighborhood Development attempts to convince communities that prevention is important and to help them organize to advocate for a family resource center.

COMMUNITY AND PARTICIPANTS

New Haven is a city of 130,000: 49 percent Caucasian, 35 percent African American, and 13 percent Latino. It is a city of contrasts. A very wealthy section of town abuts an extremely impoverished section with high unemployment, substandard housing, and a lack of shopping and other amenities. Fifty percent of New Haven's children live in poverty. Yale University, located in the center of New Haven, is the city's largest institution.

Currently, New Haven Family Alliance is primarily involved in intervention activities (as opposed to primary prevention activities). It targets families whose children are in imminent danger of being placed in foster care. Ninety percent of the program's participants are African American or Latino; most are low-income. All of those receiving case management services are referred from categorical funding sources (Dept. of Children and Youth Services, Juvenile Justice). Some of the referred participants are mandated, some voluntary.

- **Positive Parenting**
  (Weekly workshop for former case management consumers.) Ongoing support, parenting education.

- **Service Providers Council**
  Coordinates service-providing community to advocate through the political process for better coordination of human services. Service providers help shape public policy.

STAFF

1	Executive director	$63,000	M.S. in Urban Management and a number of years managing diverse programs
1	Director of finance and administration	$50,000	M.S. in Business Management and a number of years in nonprofit management
1	Director of case management	$50,000	MSW and a number of years supervising clinical staff
2	Supervisors (case managers)	$34–40,000	
1	Center coordinator	$35,000	Former case manager, good organizational skills, master's degree
10-12	Case managers	$25–32,000	B.A. in social work or MSW; priority is given to people of color; program attempts to recruit from within community
4	Support staff	$17–23,000	Secretarial skills
3	Outreach workers (50% FTE)	$10/hr.	Know community; consumers of services

Case managers undergo a two-week orientation period during which they become familiar with the manual under a supervisor's guidance.

FUNDING

Annual budget: $1,100,000

Sources:

- 39% Federal government
  - CSAT
  - Juvenile Justice
- 45% State government
  - Department of Children and Youth Services
- 14% Private sources
  - Foundations
  - Donations
- 2% Fee for service foster care placement

GOALS

- To convene and develop local governance entity for human services delivery system with comprehensive inclusion of all providers and consumers
- To demonstrate, organize, and monitor systems change through decentralized community case management
- To extend and refine neighborhood-based programs for family service and parent advocacy as the local vehicles for systems change
- To introduce and test new service innovations to enhance system compatibilities

PROGRAM IN ACTION

The child welfare department refers participants who are in imminent danger of having a child placed in foster care to New Haven Family Alliance for Community Case Management. Case managers meet with families in their homes. As case managers identify needs, they develop additional services, some of which are provided at the Alliance's offices (e.g., youth groups, collective buying program for bulk food, clothing pantry, Alcoholics Anonymous meetings).

Case managers are hired who respect the people they are going to be working with and who are interested in empowering people. Case managers and their clients together identify the family's strengths, barriers to success, and priorities, and together they develop a workplan. The case manager then, in effect, becomes the family support center for the family.

Unlike the original planning and needs assessment process, all of New Haven Family Alliance's current planning is bottom-up. Evaluation of case management is based on consumers' opinions of strengths and weaknesses. Line staff identify gaps in services based on their contact with local agencies and services. They propose strategies for filling these gaps, and present the problems and proposed solutions to the executive director who, in turn, presents them to the board. For example, line staff heard from consumers that they needed clothing and suggested that the Alliance open a clothing pantry, which staff volunteered to run. The Alliance feels that empowering staff to be creative and to have input in developing the program, and including line staff and consumers in planning and assessment processes are critical to the success of the program.

GOVERNANCE

New Haven Family Alliance's board of directors reflects its community: representatives from churches, schools, consumers (10 percent), elected officials, other service providers, and businesses. The board plays an advisory role and sets policy for the organization.

The Center for Parent and Neighborhood Development has a separate advisory board composed entirely of parents/consumers. This board sets policy for the center—New Haven Family Alliance is the fiduciary agent for the center—but the center belongs to the community.

EVALUATION

New Haven Family Alliance commissioned a formal evaluation for which the board authorized a request for proposals. An outside evaluator was chosen to undertake both a quantitative and a qualitative evaluation of program. Tools used in the evaluation included: interviews with people connected with the program, surveys of the population served, the Child Well-Being Scale, and a Management Information System (case notes, referrals, milestones achieved). The results were a two-year outcome evaluation of case management and a one-year process evaluation which covered start-up and implementation of the total program.

The outcome evaluation of case management was completed in July, 1993. The results of this evaluation established that the Alliance has achieved the goals of the Community Case Management program to develop individualized family service plans that incorporate and integrate a continuum of care for the family across agency boundaries, to access services that are needed by the family, and coordinate the actual delivery of specific services.

TRAINING AND TECHNICAL ASSISTANCE

New Haven Family Alliance consults in the development of family support centers. Fees are negotiated on a case-by-case basis, and are approximately $40–60,000 for the first year to provide technical assistance and consultation on program planning, development, and management. Training is also available for case management, and family support and preservation activities for groups and individuals. Prices are negotiable. The hourly rate is approximately $50–100.

The following materials are provided as part of training but are not sold separately:

- Case Management Training Manual based on New Haven Family Alliance model
- Curriculum: "Positive Parenting"
- Management Information System.

New Haven Family Alliance
New Haven, CT

Aida Santos:

I got involved with the Alliance because I was going through hard times and having family problems. They offered services which included the whole family, substance abuse, everything. And my kids could be with me during the whole time.

They really care about you. It's not like a client-parent thing. It's like a whole family. They're there for me whenever I need help. According to what you need, that's what they give.

I've become a better parent; I have more patience; I'm more outspoken. I used to be all within myself. I felt lonely and I didn't trust anyone. Now I can speak out.

[Before I got involved,] when things wouldn't go well, I'd lock myself in my room. I thought I was a failure. Now I know I can do it. I go to school part time for my GED, and I also began working in a clerical job for the Alliance with their Center for Parent and Neighborhood Development. Soon some of us [who are getting our GEDs] will be going out to visit high schools to talk with kids who have been cutting school. We'll be telling them to stay in school, that it's hard but they can do it.

My kids have changed a lot too. Before, they didn't care about socializing or getting involved in any activities. They were locked within themselves like I was. Now my 12-year-old daughter does school presentations about AIDS. She'll go anywhere and talk with people. The kids have learned to speak their minds and I'm really glad about that.

PARENT SERVICES PROJECT, INC.

Coordinating Office
199 Porteous Avenue,
Fairfax, CA 94930

Ethel Seiderman, Executive Director

COMPONENTS

- **Family development services**
- **Family-management skill classes**
- **Teen parenting services and home-based programming**
- **Parenting classes**
- **Sick-child care**
- **Job training/skill development**
- **Peer support groups**
- **Adult-only activities**
- **Mental health workshops**
- **Family day-care coordinator training**
- **Family fun activities and outings**
- **Information and referral services**

STAFF

After the initial intensive training provided by PSP Inc. each agency works to develop its own PSP program best suited to the center's individual needs and situation. As a result, PSP programs and staffing patterns are as diverse as the populations they serve. Staffing usually reflects the size and fiscal strengths of each agency. Some centers utilize a paid parent coordinator who works with parents and staff to implement the PSP program. Others utilize existing childcare staff and administration who might then work with a parent advisory team. Still others may have a team of staff and a parent liaison, which is especially effective with small satellite sites.

OVERVIEW

The Parent Services Project (PSP) was launched in the San Francisco Bay Area in 1980 as an innovative prevention program in childcare that would be regional, culturally diverse, and programmatically flexible. PSP expanded the role of childcare centers to include services for parents so that childcare centers became family-care centers. The eight PSP sites in the Bay Area had existed as childcare centers before they adopted the PSP approach. What they had in common was a belief in working with parents in a partnership role on behalf of their children. They wanted to build on these concepts and expand the possibilities to make this effective. The Parent Service Project believes that parents who receive adequate support are more capable of supporting their families. Staff see parents every day when they drop off or pick up their children and use this regular contact to give parents the information and support they need to raise healthy children. In addition, the daily contact allows the PSP staff to identify potential family problems in their early stages and work with parents to address those concerns. PSP uses parenting education classes, workshops, peer support groups, and family activities, as well as information and referral services, to create a social support network for all families.

At some PSP sites, the family support worker has a conveniently located office, which families pass by every day on the way to the child's classroom. There might also be a separate room where parenting classes and activities take place.

PSP has been extensively replicated by more than 300 childcare centers. PSP's central office coordinates replication efforts; it provides training and disseminates information about the model.

HISTORY

The Parent Services Project was developed with support from the Zellerbach Family Fund, which believed that the whole family would benefit if parents gained confidence and competence as people and as parents. Four state-funded child development agencies became PSP sites in 1981 with additional funding from the Zellerbach Family Fund and the San Francisco Foundation (Beryl Buck Trust) to cover additional staff and expand the program. Four additional childcare agencies in the Bay Area joined PSP in 1982. The eight agencies selected themselves as PSP sites. Each agency wanted to use the opportunities presented by PSP to help it fill the unmet needs of participating families.

Additional training grants have allowed the expansion of PSP in Northern and Central California, Georgia, Florida, and Delaware.

In 1988, PSP incorporated in order to provide training, to disseminate information on the model, to present family support work at conferences and forums, and to impact public and institutional policies. The PSP Inc. central coordinating office is at the Fairfax-San Anselmo Children's Center in Fairfax, California.

COMMUNITY AND PARTICIPANTS

PSP centers serve urban, suburban, and rural lifestyles. Participants are African American, Latino, Chinese, Southeast Asian, and Caucasian. As population shifts occur, PSP centers are enrolling Haitian, Ethiopian, and other newly arrived groups. PSP services are available to any family using a PSP childcare center; most PSP childcare centers serve low- to moderate-income families. Increasingly PSP serves migrant farmworkers, teen parents, family day-care homes, families receiving home-based services and Head Start participants.

GOALS

- To enhance parenting roles
- To assist parents in securing needed resources for themselves and their children
- To diminish the feeling of isolation and loneliness through creating a community and a sense of belonging
- To offer services that help parents raise their self-esteem and sense of importance
- To create systems of social support for families through family events and activities
- To provide opportunities to develop leadership and excellence

PROGRAM IN ACTION

At each site, a Parent Leadership Committee has taken responsibility for assessing the needs of parents and the community. The information collected by the Parent Leadership Committee becomes the basis for program planning and implementation. There is no protocol or formal assessment process used by every center.

The board of directors and staff provide strong support for the program and strive to maintain its funding. The Parent Leadership Committee members, along with staff, create a menu of services that meet their participants' needs.

While the defining feature of PSP programs is the transformation of a childcare center into a family-care center, PSP's most striking attribute is its ability to deliver an individualized package of child and family development services for each family in the program. PSP believes families exist as part of an ecological system: children cannot be seen as separate from their families, nor families separate from their communities. Decisions made on behalf of children or family must integrate and acknowledge their interconnectedness to the social-ecological system in which they live. For this reason, at each site the childcare staff works closely with the PSP staff to determine whether any of its families need or have requested special attention or support. If additional

Depending on the size and scope of an agency, its PSP coordinator will be contracted full- or part-time. A large, organization which has operated parent involvement and service components prior to the PSP training may assign responsibility for PSP implementation to its existing social worker or family liaison. In programs with a long history of providing PSP services, the coordinator is often a parent who has experience in the program firsthand. What is essential is that the responsibility for family support services rests with a particular person who assumes this role and is compensated.

Staffing costs and their effect on an agency budget vary. Some childcare agencies provide stipends and release time for teaching staff and parent leaders to coordinate PSP activities. Multi-site agencies and programs with more than 100 children will generally have the funding to hire a coordinator.

FUNDING

Annual budget: $350–400 per family

Sources:
None of the eight original sites in California receives any public funds to support PSP.

PSP sites nationwide utilize grants (private and federal), fundraisers, and other varied funds to maintain services. Some may be Head Start programs or those on 3-5 federal funds through Drug and Alcohol Abuse Services.

PSP Inc. operates under grants for administrative support and training received from the following foundations: S. H. Cowell Foundation, Ford Foundation, Haigh-Scatena Foundation, Walter S. Johnson Foundation, A. L. Mailman Foundation, Marin Community Foundation, Mervyn's, San Francisco Foundation, Morris Stulsaft Foundation, and Zellerbach Family Fund.

Parent Services Project, Inc.
Fairfax, CA

Molly Gregg:

The program helped me believe in myself. I had real low self-esteem; I was a welfare mother and a student and I saw myself as a burden to society. The Parents in Action people would always approach me, and tell me about their potlucks. It took me almost a year to get involved, and gradually I saw that my voice made a difference....

I began to participate in my daughter's life and I took my nephew in to live with us; he was in a desperate situation and needed help. It's been a real transition in the way I live... now I'm an advocate for my children, where before I was just more of a caretaker. Now when there's a problem at school, I'll approach the teacher about it. I never would do that before. And of course, I always do that at Parents in Action—I learned the skills from them! I used to go to meetings and never say anything or just say something quiet to the person sitting next to me. I didn't want to offend anyone or go against the grain, I guess. But now, I'll speak up and give my opinions and then take actions. That's what Parents in Action is for. The director has really been a mentor to me. She's taken me to conferences and I've even spoken, and made presentations at the conferences.

attention is necessary, the child and PSP staff will work with parents to develop a family service plan. Within this family service plan, the childcare staff will determine how it can best support the specific needs of the child, while the PSP staff will define its role in meeting the needs of the parents.

Among the support PSP offers parents are family fun events and adult-only activities. The former help parents enjoy good times with their children and interact with other families. They are designed to diminish the loneliness, guilt, and stress many parents, especially working parents, feel and to enhance their sense of well-being. The adult-only activities have many of the same goals. They allow parents to nurture themselves while childcare is provided. Activities may include workshops on good health and nutrition, exercise programs, or a Mothers' Club, where women cook, dance, and enjoy socializing with each other.

Interestingly, many parents who use PSP sites say that they chose the center simply for childcare and that only later did they learn that there was support available for them. Many of these parents say that although they did not previously recognize that they needed support, after having participated in a PSP center, they couldn't imagine using a traditional childcare center.

Currently, the eight original sites in California do not have universal linkage agreements with any public or private agencies. PSP does not believe that formal linkage agreements are necessary to ensure families have access to other community services. All eight of the original PSP sites, however, have informal agreements with specific agencies in their communities. Other sites have developed local connections in their communities with social service, education, and business groups while still others are part of school districts.

GOVERNANCE

Each center's administrative leadership and/or board of directors is responsible for oversight of the PSP program, funding, and staff. Each PSP program also has a Parent Leadership Committee that acts as a steering committee for program development. The Parent Leadership Committees for each site vary in size from 4 to 21 members.

EVALUATION

In a cost-effectiveness study conducted by the URSA Institute of San Francisco in 1985, PSP services were shown to save public dollars. Projected short-term savings to the state of California were $240 for each family served by PSP. The URSA study concluded that "PSP is achieving its goal of serving as a model for policymakers to set new standards for child care and legislation."

In 1990 Stein Associates in Berkeley completed an in-depth investigation and evaluation of PSP. As part of this three-year longitudinal study they surveyed parents at all eight Bay Area centers before, during, and after participation in PSP activities. This study concluded that PSP was achieving its goals of reducing and preventing psychological symptoms. In the short-term, PSP families experienced reduced symptoms of stress and isolation, resulting in parent empowerment and healthy family functioning. In the longer term, PSP's services were found to prevent further negative symptoms from developing. This study concluded that "PSP has the potential of breaking the cycle of family violence and dysfunction so prevalent in this society and creating positive outcomes for children."

A 1989-90 evaluation of PSP's training techniques, conducted by independent consultant Molly Haggard, attributed dramatic increases in parent attendance and resources to PSP's flexibility in dealing with diverse populations. As part of this study trainees at new PSP centers were surveyed and interviewed. Trainees felt that training had other positive effects on their centers, giving them new ideas, activities, and resources.

REPLICATION

The PSP model has been replicated by 300 programs throughout the states of California, Georgia, Delaware, and Florida. In these states, the PSP model has been adopted by early childhood, childcare, Head Start, family day-care homes, and state pre-kindergarten programs. These programs serve over 15,000 families.

To replicate PSP across the country, PSP Inc. conducts training for childcare programs and other human service agencies.

The ongoing role of PSP Inc. with relation to a newly established site is established in the training agreement and written into the training budget. Once the training has been completed, the trainees return to their home base and begin implementing the PSP program with parents. The trainers are available for phone conferences and will travel to the new sites for follow-up throughout the first year or a longer period. Trained agencies who are allied geographically may form a local PSP coalition where directors and family support coordinators meet monthly to discuss their family support programs, participate in refresher courses, and meet annually with other PSP programs in a national forum. The PSP Inc. coordinating office is developing a national newsletter to keep programs informed of current events in the family support movement and of happenings in other PSP programs.

TRAINING AND TECHNICAL ASSISTANCE

PSP provides training and technical support for programs throughout the nation. Trainees may travel to California for presentations by PSP staff on the theoretical underpinnings of the PSP model; workshops on working with families, cultural awareness, governance and planning, budget, and developing private/public partnerships; and meetings with PSP evaluators. Trainees visit PSP sites and meet with staff and parents to learn about implementation issues directly from people working in the programs. Finally, PSP may help a center determine what elements of the PSP model might or might not work at their site, develop an action agenda, and make plans for follow-up training and activities. The cost of staff training and technical assistance related to start-up is approximately $9,200 per agency.

PARENTS AS TEACHERS

9374 Olive Blvd.
St. Louis, MO 63132

Mildred Winter, Executive Director

COMPONENTS

- **Home visits**
- **Parenting education**
- **Group meetings and support**
- **Information and referral**
- **Developmental screening**

In 1992-93, Missouri provided PAT services to 119,419 families and screened 116,177 children.

STAFF

State personnel directly involved in PAT administration are:

1	Director	$32–40,000
1	Program supervisor	$28–32,000
1.5	Secretaries	$12–16,000

The PAT National Center recommends the following program level staff:

Parent educators (Part-time) $15–16/hour
or commensurate with others in district Should have a B.A. in education, child development or a related field and experience working with young children and families. One per 30 families.

Administrator/coordinator $30–50,000
Master's in education or child development and experience working with young children and families.

Clerk-typist $7–8/hour
or commensurate with other clerical workers in the district High school diploma with training in recordkeeping, telephone courtesy, word processing

OVERVIEW

Parents as Teachers (PAT) is a home-school-community partnership designed to provide all parents of children from before birth to age three and then on to kindergarten entry the information and support they need to give their children the best possible start in life. The widely-replicated program, available in all 543 school districts in the state of Missouri and at sites in 41 other states, is based on the concepts that experience in the beginning years of a child's life are critical in laying the foundation for school and life success, and that parents are children's first and most successful teachers.

PAT offers families regularly scheduled home visits by certified parent educators who use the PAT curriculum to provide timely information on the child's development and ways to encourage learning. Parent educators also coordinate group meetings with other parents to share experiences, conduct periodic screenings of children's development, and link families with providers of needed services that are beyond the scope of the program. PAT programs are usually formally linked with other social service or educational agencies and are part of a comprehensive approach to serving children and families.

The Parents as Teachers National Center undertakes replication efforts by training and certifying parent educators—more than 4,000 since 1987. PAT training institutes provide parent educators with information and skills to help them identify developmental delays in children and to help them find partner programs and agencies in their area.

HISTORY

The conceptual framework for PAT developed out of two Missouri conferences on early childhood and parenting education convened by the state Department of Education, one in 1975, the other in 1981. With strong support from the governor of Missouri, the conferences called for supportive services to children younger than age three. In 1981, a pilot project was launched in four local school districts. The districts, which had conducted extensive local needs assessments, were selected on the basis of competitive proposals and their combined representativeness of the state.

In 1984, the Missouri General Assembly passed the Early Childhood Development Act and mandated parent education and screening of children in every school district in the state. Since 1985, PAT has served more than 200,000 Missouri families with children under age three, and state funding has continually increased.

The Missouri Department of Education established the Parents as Teachers National Center in 1987 in response to worldwide interest in the program. More than 4,000 parent educators have been trained and certified by the Center and numerous others have attended institutes on parent-child early education conducted by it. In addition to training, the Center provides research, curriculum development, and promotion of public policy that supports early childhood education.

COMMUNITY AND PARTICIPANTS

The program serves families with children from birth to kindergarten. Participation in PAT is voluntary and PAT programs are universally accessible.

PAT provides services in a wide variety of community settings—urban, suburban, and rural.

The Missouri experience in providing PAT to a broad range of families has shown that need for support and assistance in the parenting role crosses all socioeconomic and ethnic boundaries.

PAT programs utilize their networks and various outreach strategies to recruit participants, including: information disseminated at hospitals (in some hospitals, PAT videos play in the waiting room of obstetricians' offices, and maternity-wing nurses talk to new mothers about the program), referrals from doctors and health and social service agencies, television and radio publicity, door-to-door recruitment, and mass mailings. Parents also hear of the program through word-of-mouth.

GOALS

- To empower parents to give children the best possible start in life
- To increase parents' feelings of competence and confidence
- To improve parent-child interaction and family wellness
- To help each child reach his or her full potential
- To increase parents' knowledge of child development and appropriate ways to stimulate children's curiosity, language, social, and motor development
- To increase children's success and parents' involvement in school
- To turn everyday settings into learning opportunities
- To help create a greater sense of family
- To reduce child abuse

PROGRAM IN ACTION

PAT is available to any family who wants to participate. Typically, parents fill out a card with their name, address, and phone number either at the PAT sponsoring agency office or at an organization linked with PAT (in some hospitals new mothers can fill out the card there and the hospital will pass the information along to the local PAT program). Upon receipt of the referral, a PAT parent educator calls the family to arrange a home visit.

FUNDING

Annual budget:
Missouri's budget for 1993-94 is $17.7 million.
An estimated budget for a year-round program is based on costs of $580 per family.

The following assumptions are made in determining that budget:

- Caseload per parent educator: 30 families
- Parent educator employment status: 20 hours/week
- Parent educator salary: $15/hour
- District (or sponsoring agency) contributes rent, utilities, telephone, administrative and staff support.
- Additional start-up cost of $2,000 for materials and $425 per parent educator for pre-service training and curriculum guide.

Sources:
The Missouri Department of Elementary and Secondary Education pays school districts $180 annually per family ($270 for families with more than one child) and $15 per child screened.

School districts receive varying amounts of income from other sources such as local property taxes (paid to school district), private foundations, Children's Trust Fund, corporations, hospitals, local service organizations and participant fundraising.

Federal funding streams that have been accessed to fund PAT in Missouri and elsewhere include: JOBS, Even Start and other Chapter 1 funds, Head Start, Drug Free Schools and Communities, Reading is Fundamental, Public Housing Drug Elimination grants, and Carl Perkins grants.

Parents as Teachers
Pine Bluff AR

Cathy Ruhl:

I've been involved since my daughter, who's two-and-a-half, was eight months old. It's helped me begin to see what she's doing month to month and to keep in mind how much she's growing. Every month [the parent educator] gives me handouts and there's always something new. I can see the little bits of progress my daughter makes. They provide ideas for inexpensive games and find ways to use what the children are learning to help them learn more. If you can find things to make your child happy without its driving you nuts, then you're happy also.

It's made it easier to get information. I used to spend so much time scratching through the library for information on child development. I'm an older mother; I'm 36 and most of my friends' children are in college already or getting married. I go to group meetings once a month and there are lots of parents with children of different ages. The biggest stress reliever is to have people tell me that their children have been doing the same things as mine. When my daughter, who is normally a mellow child, went through the "terrible twos," she got so obnoxious. It was a relief to hear that even mellow children can get really contentious.

PAT offers home visits to all families in the program, but the number and frequency of these visits depends on the individual family's needs and desires. If families prefer not to be visited in their home, arrangements are made to meet first in the local school, church, community center, or other mutually agreeable location. PAT parent educators use the initial visits with a family to assess that family's needs, focusing on existing strengths within each family unit.

PAT parent educators strive to help parents understand their child's development and interact with the child in ways that enrich the child's achievements and strengthen the child-parent relationship. PAT believes strong, confident individuals are more effective members of families and therefore, PAT parent educators take a "whatever it takes" attitude to supporting families and building on their particular strengths. PAT parent educators are trained to address particular family needs and to make appropriate referrals. Young mothers may be given counseling, referred to GED classes and provided with childcare by an organization formally linked with PAT.

Group meetings give families an opportunity to meet regularly with other parents and parent educators. Parents not only gain new insights but also share their experiences, successes, and common concerns. As a result of group meetings, families often develop important friendships and start building an informal support network. Some group sessions provide parent-child activities, such as story times, messy play, and make-it-and-take-it workshops.

PAT periodically screens children to check their language skills, hearing, vision, and overall development. An annual health screening questionnaire includes updates on immunizations. PAT attempts to detect potential problems early in order to prevent later difficulties in school and to promote parents' attention to health and development.

While the PAT curriculum is the common thread that links programs, even within Missouri each one differs based on community needs and additional funding sources.

Parent educators work personally with professionals in other agencies. Primary linkages are with social service agencies and health agencies, including clinics, doctors, and hospitals. Formal agreements exist among the Missouri Department of Elementary and Secondary Education, the Department of Social Services, and the Department of Mental Health. Under one agreement, PAT provides in-service to social workers from the Division of Family Services (DFS) and DFS provides it to parent educators for PAT to help them understand and access each other's systems. Under another agreement, JOBS money available for parent education is allocated to PAT for 60 percent of the expenditure for parents enrolled in the Missouri JOBS program. Eligible families can be referred to JOBS by PAT and vice versa. Or a PAT site may have a formal linkage with its school district's early intervention special education program. Another may be linked with an Even Start grant. In both cases, other service providers are on-site and readily accessible to meet family needs.

GOVERNANCE

Missouri's Department of Elementary and Secondary Education is responsible for oversight of the PAT programs. This department determines the minimum level of service and quota of families to be served by local school districts based on the appropriation by the legislature. School districts may serve more families than the quota and provide more intensive services to families at the local district's expense.

Since, in Missouri, PAT programs are the responsibility of the local school districts, the locally elected boards of education, comprised of citizens who serve without pay, serve as the ultimate governing board.

Each district also has a PAT advisory board or steering committee whose members represent agencies and organizations that serve young children. Committee members are well-situated to refer families to the program and to recommend sources for assistance that are beyond PAT's scope. These steering committees work with school district committees and PAT participants and staff to plan, implement, and continually adjust and improve local programs' service delivery and they build support for PAT within the community. Parent participation on steering committees is determined by local programs, but is not mandated.

EVALUATION

Independent evaluations have demonstrated strong positive outcomes for children and parents who have participated in PAT.

PAT in Missouri has undertaken three formal evaluations conducted by Research and Training Associates, Inc. in 1985, 1989, and 1991. The 1985 evaluation of the pilot program showed that children who participated in PAT were significantly advanced over their peers in language, social development, problem-solving, and other intellectual abilities. The 1989 follow-up study showed that PAT children scored significantly higher on standardized measures of reading and math achievement in first grade. Additionally, according to reports from teachers, PAT children were rated higher than comparison children in all areas evaluated. And a significantly higher proportion of PAT parents initiated contacts with teachers and took an active role in their child's schooling.

According to the most recent 1991 Second Wave study evaluating PAT's impact on 400 randomly selected families enrolled in 37 different school districts across Missouri, both parents and children continue to benefit from PAT. PAT children performed significantly higher than national norms on measures of intellectual and language abilities, despite the fact that the Second Wave sample was over-represented on all traditional characteristics of risk. All types of participating families became significantly more knowledgeable about child development and child-rearing practices and parent-child communications were improved across the board. In addition, among the families sampled, there were only two documented cases of child abuse during the entire three years.

School districts complete annual informal evaluations. These take the form of parent questionnaires, parent educator questionnaires, advisory committee discussions and comparison of kindergarten screening scores of children in PAT with those not in PAT.

Positive outcomes from PAT programs in other states are also being demonstrated.

Virginia Scriber:

I have a 25-month-old daughter. Despite the fact that I am fairly educated, there's a lot I wouldn't know—like age-appropriate toys or whether what she's doing is normal or not. The greatest benefit I get is the reassurance, hearing that yes, this is okay and it happens to other children too, even if it's not at the same time. I like being with other moms who are going through the same things with their children.

When the parent educator comes to visit she tells me about the toys that are good for certain ages. Like my daughter is making lots of circular movements with her hands now. I would have been clueless about that being a pre-writing phase. I wouldn't even have watched for it and it would be frustrating not to know those signs.

It's really just reassuring to hear that there'll be good days and bad days. That was important to me.

REPLICATION

PAT is now in 1,300 programs in 42 states, the District of Columbia and 4 foreign countries. Since 1991, PAT has been part of the U.S. Department of Education's National Diffusion Network (NDN), linking PAT with a national network that facilitates program adoption.

TRAINING AND TECHNICAL ASSISTANCE

The PAT National Center, Inc. provides Parents as Teachers Program Implementation Institutes; certification of PAT parent educators; and technical assistance, including:

Orientation

Parents As Teachers: The Right Choice
Seminar offered in conjunction with implementation institutes designed for administrators and other decision makers interested in the PAT model. The seminar includes an overview of the program and practical suggestions for program planning and implementation. One-day seminar costs $90, including manual on program implementation and samples of materials.

Individual Consultations and Program Observation
Half-day sessions cost $100.

Training Institutes

Parent Educator Training (separate trainings for birth-to-three and three-to-five)
Designed for professionals who will implement a PAT program with families of preschoolers. Content includes program management, marketing, recruitment of families, knowledge base in child development, processes of personal visits and group meetings, overview of screening, and program evaluation. Thirty hours of instruction over a five-day period costs $425, including the *PAT Program Planning and Implementation Guide* (curriculum); certification fee; and a one-year subscription to *Parents as Teachers News*.

(There is also an implementation institute designed specifically for using PAT in a childcare center, available at the same price and a twelve-hour, two-day training on extending a birth-to-three PAT program to include ages three to five, available for $200.)

Specialized Training

Working with Families through Home Visits
Two-day seminar costs $200, including materials.

Technical assistance for PAT programs after programs are in operation.
By arrangement. Fee is based on extent of service.

PARTNERS FOR SUCCESS

Center for Family Support
Bank Street College of Education
610 W. 112th St.
New York, NY 10025

Toni Porter, Director

OVERVIEW

Partners for Success is a demonstration program in New York City designed to test center-based family support (parent education and peer support, early childhood programming, adult development activities, and family activities) as an approach to helping formerly homeless families make a successful transition to permanent housing. Partners is a collaboration of Bank Street College of Education, community-based organizations, and the Edna McConnell Clark Foundation.

The Foundation is the primary funder. Bank Street College of Education is the program coordinator, the facilitator of communication between the community-based agencies involved in the project, and the "teacher" of family support, offering technical assistance and training in child development and parenting education. The community-based agencies are the direct-services providers. Partners for Success has enabled the participating community-based agencies to expand their services to their respective communities by incorporating a traditional family support component. It has also helped them form a supportive network of service providers to share knowledge and resources. This network promotes informal collaboration.

Participating Partners agencies are located in the South Bronx, Central Harlem, and Brooklyn, some of the most impoverished inner-city neighborhoods in the United States. Centers are located in rehabilitated housing apartment buildings or on the same block as these projects, and are therefore easily accessible for targeted residents.

Bank Street's experience with Partners for Success has led it to offer workshops and courses in family support to other service providers and to spawn new support groups for collaborating service providers.

Linking a family support and child welfare reform agenda with public housing initiatives might be a constructive idea in an effort to reform the current human services delivery system and to support all of America's families.

HISTORY

In the late 1980s, the shortage of available rental housing in New York reached near-critical levels. More than 5,000 families each night were sleeping on cots crammed against each other in barracks-style shelters or living in welfare hotels rife with drugs and crime. The City responded by drafting an ambitious housing plan whose stated aim was to rehabilitate 10,000 apartments in hundreds of buildings that had been abandoned by their landlords or taken over by the city for nonpayment of taxes during the 1970s and early 1980s. When the renovations were complete, the plan called for

COMPONENTS

Partners for Success components are conceived as part of a larger service strategy. Each Partner provides its own array of services which augments and complements the Partners for Success program.

- **Parent education**
  Regularly scheduled parent groups/workshops (1 hr/week) on a range of topics determined by participants. Groups are facilitated by staff. One agency has adapted Parents as Teachers as its parent-ed curriculum. Others are loosely based on Minnesota's Early Childhood Family Education Program (ECFE) and the Kenan Family Literacy Project (parents meet while children are meeting separately, then come together for parent-child interaction). Still others have developed their own parent education curricula.

- **Early childhood activities**
  Developmentally appropriate programming available on a drop-in basis and while parents are engaged in program activities.

- **Adult development activities**
  Some of these are provided on-site at the centers; others are available through links with other organizations. Classes include jewelry-making, sewing, aerobics, theater improv, poetry-writing, and reading groups. These classes improve self-esteem and often serve as stepping stones to more intense and formal classes including: job training, ESL, literacy, GED, college courses, and adult basic ed. Since fall 1993, the Partners have also begun to develop microbusinesses and cooperatives with their participants.

- **Family activities**
  Families come together for holiday celebrations, communal meals, summer outings, and retreats.

Some programs offer home visits to families that are more comfortable meeting with staff that way.

STAFF

Most service providers of the Partners for Success family support component are women of color. Several group facilitators have backgrounds similar to the program participants'. Since many program participants are Latino, the program includes Spanish-speaking support groups, with Spanish-speaking facilitators.

To establish this type of program, three full-time program-level staff positions are necessary:

1	Coordinator/director	$30–40,000 + fringe
1	Parent educator	$25–35,000 + fringe
1	Early childhood specialist	$25–35,000 + fringe

Currently, Partners staff positions require a B.A. plus three years experience, or equivalent experience, with an educational background in early childhood, human development, family studies, and social issues. Priority is given to hiring people from the community served or a similar community.

In addition, Bank Street staff at the coordinating level include:

1	Program director	$55–65,000 + fringe
1	Training specialist	$45–55,000 + fringe
$^1/_2$	FTE administrative asst.	$30–40,000 + fringe

The primary responsibility of the training specialist is pre- and in-service training for program-level staff. Bank Street courses are available to Partners at no cost. Experts are brought in to speak on issues that Partners identify as crucial. All program-level staff receive four full days of pre-service parent education training.

some of the buildings to be turned over to not-for-profit housing sponsors who would collect the rent and manage the properties. Most of this housing was located in the South Bronx or Central Harlem: neighborhoods with abandoned or overcrowded substandard housing, numerous crack dealers and prostitutes, and few services of any kind.

Partners for Success began in 1989 at the initiative of the Edna McConnell Clark Foundation, which granted funds to Bank Street's Division of Continuing Education to develop a family support program for formerly homeless families, those families who would be moved from the shelters into the newly renovated apartments. The Clark Foundation surveyed community human services agencies and compiled a list of available services. Then, in collaboration with the coordinating entity (Bank Street College of Education), a Request for Proposals (RFP) was developed and issued to 40 social services agencies in New York City. The RFP stipulated that Partners would serve community members, as well as families leaving the shelter system and entering permanent housing, who had children under six. Responses were screened through evaluation of proposals and site visits. Five Partners agencies were chosen initially. Actual program service plans, design, and implementation were developed at the local level by program providers themselves, and they began offering family support services in the spring of 1990.

During the past three years, one of the original Partners has dropped out and two others have taken its place, and Partners for Success has evolved from a group of agencies bound together by a common goal to a tight network with a strong belief in the effectiveness of the family support approach. While each of the Partners has retained individual characteristics, all now offer a common set of core activities: parenting education workshops, early childhood activities in spaces that are equipped to meet children's developmental needs, and access to literacy courses, adult basic education, and job training.

COMMUNITY AND PARTICIPANTS

Participating Partners agencies are located in the South Bronx, Central Harlem, and East Flatbush, Brooklyn, areas of New York City. These neighborhoods are impoverished and contain high concentrations of female-headed, single-parent households. Unemployment rates are high; more than 75 percent of the residents receive AFDC. A large percentage of the population is under age five and infant mortality rates are greater than in other sections of the city. Almost all residents are African American or Latino.

These communities were targeted because they have the largest proportion of housing rehabilitated by the City for formerly homeless families.

Families who are leaving the shelter system and moving into rehabilitated housing, as well as other residents of those communities, are the target population. All services, however, are voluntary and universally accessible. Universal access is important to the program's success, as it eliminates the stigma that might otherwise be associated with program participation and is already so much a part of the lives of formerly homeless families.

All current program participants are either African American or Latino. The vast majority of participating families are headed by single women in their mid-twenties who have dropped out of high school; many have little or no work experiences and are on welfare. People learn about the program through word-of-mouth; outreach strategies including leafleting, door knocks, flyers in windows of local stores, open houses; and familiarity with the sponsoring agency.

A total of 234 families were served by the program in 1993. The number ranged from 15 to 63 in each program, with an average of 39 across all centers.

GOALS

The primary goal of the program is to help formerly homeless families make a successful transition to permanent housing. Other program goals are:

- To help parents foster their children's development
- To help parents achieve their own personal goals
- To build strong communities

PROGRAM IN ACTION

The location of the centers (in or near the rehabilitated apartment buildings where most participating families live) facilitates outreach activities—flyers can be put under every door, for example. On the level of actual service delivery, each Partner agency has developed its own service model and has incorporated the family support component into its overall service strategy in a different way.

For example, the Highbridge Community Life Center in the South Bronx runs cluster groups, which are essentially support groups. The purposes of these groups are:

- To empower families in taking more complete charge of their lives
- To offer support to parents
- To develop problem-solving skills among family members
- To provide opportunities for parent-child interactive activities
- To support parents in their roles as primary educators of their children.

In the cluster groups, parents have the opportunity to meet with other parents and exchange ideas, concerns, and feelings. Information on alternative child rearing is offered by parents as well as the group facilitator. Formats include group discussions, workshops, guest speakers, family trips, and parent-child interactions. Groups meet weekly for one to three hours.

Participants in the cluster groups are generally extremely isolated when they join the program. This is true for participants of other Partners programs as well. The groups helps parents develop a support network and gain the self-esteem necessary to advocate for themselves. The importance of this support cannot be overestimated. The groups also serve as the jumping-off point for other types of activities. Group members may organize a potluck Thanksgiving dinner or form a catering cooperative as an entrepreneurial endeavor.

Partners for Success is working with some of the most disempowered, disadvantaged populations imaginable. When people connect with the program, they have lost everything: a roof over their heads, income, in many cases their health, their support

FUNDING

Annual budget:

$100–125,000 per agency to implement the Partners for Success family support component
$165,000, Bank Street

Sources:

100% Private sources
- Foundations

network, some have even lost their children to foster care. In fact, to be admitted to a shelter in New York City in the first place, you need to prove that you have absolutely nowhere else to go and no resources to draw on. Partners empowers parents by encouraging them to think of themselves as capable of advocating for their own needs and capable of using the system and whatever resources they can identify to get themselves back on their feet, as well as capable of providing a healthy, safe environment for themselves and their children. Sometimes it encourages them to dream; sometimes it gives them information that enables them to start thinking about how to make dreams a reality. Partners also empowers families to help other families.

Collaboration and linkage between service providers are built into the Partners for Success service model. Just as parents develop support networks through opportunities like the cluster groups, service providers have formed a support group that meets monthly. Bank Street supplies space for the meetings and arranges guest speakers when programs request them. These monthly meetings provide opportunities for service providers who are engaged in the same types of activities to share resources, experiences, and information. Partner agencies occasionally offer training to other Partner agencies (e.g., one agency that specializes in adult basic education may share this expertise with other Partners at a monthly meeting).

In addition to collaborating with each other, Partner agencies are required to establish formal and informal service links with other organizations, to develop relationships with staff in other agencies. These vary from program to program.

GOVERNANCE

Each sponsoring agency has its own board of directors. In most cases, participating families are not represented on these bodies. However, most agencies also have advisory committees comprised of participants who determine policy for the Partners components.

EVALUATION

Partners for Success has developed "progress measures" and documents the progress of participating families, noting whether they remain in permanent housing or return to the shelter system, as well as whether they have moved toward self-sufficiency. It has conducted focus groups with participants, asking them about the quality of the program and what they like and don't like about program services.

Partners appears to have succeeded in its goal of demonstrating the effectiveness of family support for formerly homeless families. Between October 1990 and January 1993, it served an average of 226 families per month. During this period, fewer than four percent have returned to the shelter system. At an average annual cost of $3,000 per family, compared to $30,000 in the shelter system, Partners seems to be worth the investment.

The program also seems to be succeeding in helping parents develop. In nine out of 10 of the families for whom pre-participation data were reported, the parents had not gone beyond high school, and almost all were unemployed and dependent on public assistance. By January 1993 approximately 90 percent of participants had been referred to educational or job training programs. Seven had found jobs.

Partners for Success
Center for Family Support
New York

Xenia Cooper (the Athena Project):

I was having problems with my husband and feeling lonely. I met a woman in the laundry room who told me about the program, which turned out to be across the street. A social worker took a case assessment; I said I liked to sew but didn't have a machine, and another social worker told me about their sewing program. Now they are displaying the things I sew.

When I had to go on public assistance, I felt guilty; I'd always worked and I didn't want to milk the system, but I needed the money. They made me feel comfortable, not like I was taking up someone else's space, like the government does. They also showed me how I could learn new parenting skills and then I could help myself and other parents. I got a part-time job taking children to a dance program that the center runs.

I met people. I had built a cocoon around myself and I didn't let other people in easily. But I met other women who were in similar situations, especially the woman who was my case worker. She had been like me—on welfare, etc. And she told me if she could do it, so could I. She made me feel like I was a needed part of society. . . . I'm going back to school for nursing and I start in February. I'm proud of myself.

They don't hold your hand, but they help you find the power that's inside yourself so you can go out there with courage and make things happen for yourself. I still have problems with my husband, but now I keep them at bay. The people at the program never judged me. They let me talk and think things through, but it was always my decision. And they always gave me support.

Zenaida Cumar:

It is so excellent—I don't know what to say. God knows where I'd be without the Center.

I was homeless for awhile. My husband had abandoned me and my son and daughter and I was going crazy. I was going to school to try and learn to read and I really thought about suicide. They were able to give me information about public assistance, how to make a budget. They even took money out of their own pockets to help me with rent payments when I was almost dispossessed.

The programs also appear to have had some success in helping parents foster their children's development.

Bank Street has commissioned an outside evaluator to conduct a comprehensive ethnographic qualitative evaluation.

REPLICATION

In November 1993, Bank Street was awarded a five-year HUD Supported Housing Program grant to replicate Partners for Success with four new agencies in the South Bronx and East New York, Brooklyn. Bank Street will coordinate the project, which will follow the original model with an additional 250 families. The initial Partners agencies will serve as mentors to the new group of agencies.

TRAINING AND TECHNICAL ASSISTANCE

Bank Street has the capacity to offer training on the Partners model. Rates are negotiable on a case-by-case basis. Training includes the Partners for Success *Parent Voices* curriculum, family assessment tools, and program implementation guidelines.

In addition, the Center for Family Support at Bank Street has offered a course on developing family support programs (30 hours) that is subsidized by private foundations and is available to human services program providers at no cost. A short course (nine hours) is being developed and will be offered for $275.

Some of this profile was excerpted from Porter, Tom, "Partners for Success: Family Support for Formerly Homeless Families" in *FRC Report* Vol 11, Number 3, Winter 1992-93, pp. 6-7.

Now I'm in nursing school and the women in the nursing program said that we needed a family support group. The teachers at the nursing school weren't teaching us right and we wanted help to get our needs met. The program gave us tips, cheered us on and the nursing program turned around.

The people here ask you how you feel. You don't have to ask; they can tell by the expression on your face. At times when I've been depressed because of my problems—like the ones my 11-year-old son is having in junior high school—they give me suggestions of ways to talk with him. Or they say to bring him in so we can all talk. They'll say to me, "Come in, sit down; have a cup of coffee." My nursing program would have gone to the garbage if it wasn't for the Center.

It's a shoulder you can lean on. They helped get my son involved in summer camp and now my daughter will be going also. They took my son to a basketball camp. A whole group of us went to Radio City and Madison Square Garden. It helps keep the kids off the streets.

I was brought up around a lot of drugs and I don't want that for my kids. These activities have helped me take my kid places so he's not on the streets.

It's so beautiful—the things they do for us—I can't say enough good [things] about the program. There was nothing like this when I was growing up. When I was first starting in nursing school, I heard this thing—family support—and I didn't even know what it was.

You've got so many parents who don't care. But I do care about my kids and if I have problems I can go to them and ask questions. They help straighten everything out. When you're just around on the street, people hurt you. But here—I've never met people who speak to you so nice, treat you as nice as they do here.

It makes tears come to my eyes. I know I have someone behind me who actually cares.

RURAL AMERICA INITIATIVES

919 Main Street, Suite 114
Rapid City, SD 57701

Bruce Long Fox, Executive Director

COMPONENTS

- **Project Takoja ("Grandchildren")/ Welcome Baby**
  Provides comprehensive culturally relevant services for pregnant and parenting teens to promote family self-sufficiency, good parenting and health. The program offers
  - Parenting and independent living classes
  - Employment and education programs
  - Individualized counseling (usually through home visits)
  - Referrals to a host of other services such as health care, family planning services, childcare, and housing assistance
  - Emergency food pantry (including other necessary items such as diapers and blankets)

  Two case managers have caseloads of 25 persons each. During any given week, eight to 15 teens participate in center activities. The estimated annual cost for this component is $238,600.

- **Tokahe Waonspe ("First Learning") Parent Child Center**
  Enhances families' physical, social, emotional, spiritual and intellectual development, through
  - Workshops
  - GED study and instruction
  - Native American arts and crafts classes for parents
  - Developmentally appropriate early childhood programming/ day care
  - Parent and child interaction activities

  The Parent Child Center's maximum capacity is 40 families; estimated annual cost is $148,900.

- **Dakota Transitional Head Start**
  The Head Start center can accommodate 60 children at one time; estimated annual cost is $125,500.

OVERVIEW

Rural America Initiatives (RAI) provides direct services to a Native American families in a culturally sensitive way. Staffed almost exclusively by Native Americans (only one staff person is Caucasian), RAI programming always strives to help program participants better understand their cultural heritage and how that heritage relates to the care of families and children.

RAI operates out of four sites: an administrative office, a teen parenting center, a Head Start childcare center, and a parent child center. RAI's teen parenting and Head Start components are located in the middle of a Sioux housing community in Rapid City. The teen parenting center (Project Takoja) is in a two-story building. The main floor consists of three offices, a small meeting room, the kitchen and a food pantry. Upstairs, a large community room is used for large group meetings, social events, and childcare. The recently built ranch-style Head Start building is around the corner and contains two large and bright classrooms, an office, and a kitchen. The parent child center, also recently constructed, is on the grounds of the Sioux San Indian Health Services Hospital and has similar facilities to the Head Start center.

HISTORY

RAI was established in response to requests from Native American organizations for competent, affordable counseling services for pregnant and parenting teens.

RAI's first executive director, Anne Floden Fallis, and the county's teen pregnancy task force began by compiling all existing data from the South Dakota Department of Health and other sources about teen pregnancy. The team undertook a search for models of effective teen parent support programs and talked extensively with school counselors, community health nurses, and other related social service providers about the needs of the community.

The result was the development of Project Takoja in 1984 to support Native American teen mothers. Over the years, RAI has evolved to provide a wider array of services for Native American families, but Project Takoja remains the primary family support program.

COMMUNITY AND PARTICIPANTS

Pennington County, South Dakota has a population of about 82,000 with Native Americans comprising about eight percent of the total population. The Native American population tends to be transient, with nearly half of the total moving back and forth between reservation and city. The largest community in RAI's service delivery area is Rapid City, whose population is about 54,000. Unemployment and incarceration rates for Native Americans in and around Rapid City far exceed those for other populations in town. RAI targets Native American families, but many participants are of mixed heritage.

RAI's Head Start center can accommodate a maximum of 60 four- and five-year-olds at one time. The center targets children whose families have moved to Rapid City from one of the surrounding reservations within the last year. Only families whose incomes are at or below the federal poverty line are eligible to participate.

The parent child center has a maximum capacity of 40 families. Parent child center participants must have a child younger than four years old and must be able to commit to attending programs at the center two half-days per week (either morning or afternoon session), and must have an income at or below the federal poverty line. For full case management services, families should be eligible for services at Sioux San Indian Health Services Hospital, but to participate in individual center programs, this is not necessary. Waiting lists exist for both of these programs.

Approximately ten percent of RAI's participants are court-referred—most with an abuse or neglect report and children in foster care—for parenting classes as a requirement to regaining custody of their children.

Although pregnant teens may hear about Project Takoja through word of mouth, most often they are referred by the Sioux San Indian Health Services Hospital or by public health nurses. RAI also conducts outreach activities including: publishing articles and event announcements in local newspapers, operating booths at health clinics and fairs, and making public service announcements on local television stations.

GOALS

- To improve families' access to needed services
- To improve maternal and child health
- To prevent second pregnancies in teenagers
- To promote economic self-sufficiency
- To reduce incidents of child abuse

PROGRAM IN ACTION

Project Takoja

Each referral to Project Takoja is logged into the project record book and is immediately assigned to a case manager. That case manager makes first contact with the potential participant in the first week through letter or phone call, or more usually through a personal visit. At that meeting, the case manager will determine the family's needs for services. At a minimum, the young woman can expect one more visit before childbirth, a visit at the hospital, a visit ten days after birth, and another visit when the baby is six weeks old. In addition to home visits, parents are encouraged to participate in group activities such as parenting sessions, job readiness groups and arts and crafts groups at the Project Takoja center. Families are "transitioned" into the parent child center or into other community services.

- **Ateyapi ("Fatherhood") Society**
  A coalition of men whose purpose is to recreate the male role in Lakota society, by serving as role models. Ateyapi seeks to help redevelop a balanced male-female approach to parenting and nurturing. Activities include tutoring, mentoring, and midnight basketball leagues.

  Currently seven fathers and 18 mentors participate in the society; estimated annual cost is $126,000.

- **Drug and Alcohol Prevention/Project Titakuye ("My Family")**
  Project Titakuye is a culturally relevant parenting curriculum developed by RAI and targeted to parents with elementary-school aged children that promotes positive self-esteem, effective communication, nurturing family relationships, and values clarification. RAI trains staff at reservation-based schools that use the curriculum and provides ongoing technical assistance to these schools.

  Project Titakuye works with five Pine Ridge Reservation schools; estimated annual cost is $167,000.

STAFF

1	Executive director MBA or MSW	$35–38,000
Project Takoja		
1	Case manager supervisor B.A., L.P.N.	$22,000
2	Case managers B.S. in human services or social work	$16,000
1	Secretary/data entry High school diploma or G.E.D.	$13,500
Head Start, Parent/Child Center		
2	Directors B.S. in early childhood education	$27,000
3	Teachers A.A. in child development	$10,800
5	Aides A.A. in child development	$ 8,700

Ateyapi		
1	Coordinator B.S. in human services, counseling	$16–22,000
1	Secretary High school diploma or G.E.D.	$12–15,000
Titakuye/Drug and Alcohol Abuse Prevention		
2	Coordinator/trainers B.S.	$16–22,000
1	Computer Manager A.A.	$12–15,000
1	Secretary High school diploma or G.E.D.	$12–16,000

It is crucial for all staff to be able to relate to the Native American and rural populations RAI programs serve. Therefore, RAI gives preference in hiring to Native American applicants.

FUNDING

Annual budget: $850,000

Sources:

85% Federal government
- Head Start/Head Start Family Support Projects (HHS)
- Drug-free Schools, Department of Education
- Minor Male Initiatives, Office of Minority Health

15% Pew Charitable Trusts

The trusting, respectful relationship between staff and young parents is what makes this program effective. The staff makes it clear that they are simply following the Native American tradition of "Tiospaye" or the extended family that helped all young mothers and their babies. For example, because transportation is a big problem for most participants, case managers often use their own cars to transport parents to the center for group activities or even to doctor's appointments and on personal errands. It is not unusual for case managers to act as childbirth coaches when one of their teen participants delivers. Moreover, case managers are often called "Grandma" by neighborhood and participant children.

Project Takoja instills self-sufficiency in a variety of ways. When the program provides special services, clients are expected to pay back these contributions by helping out at the office. The program also focuses on helping participants develop job-related skills to help them build productive lives.

Tokahe Waonspe Parent Child Center

Programs at the parent child center are structured and parent/child developmental activities are adapted from the Portage Curriculum and the Creative Curriculum. The program meets six hours a day, two days a week. For the first three hours of the day, parents and children engage in developmental activities that encourage parents to play with their children. The director of the program reports that many Native Americans are reluctant, shy, or embarrassed to play with their children and the RAI tries to change that by creating a supportive atmosphere and providing lots of toys for children to play with. Parents and children separate for the remainder of the program day: children participate in a developmentally appropriate day-care program while parents take GED, vocational, or parenting classes.

RAI nurtures relationships with other agencies and services through membership in a number of interesting coalitions. RAI is a member of the Minority Health Coalition; the Oyate Early Childhood Association; Adolescent Substance Abuse Prevention, Inc.; the Northwest Coalition; and the Rapid City Teen Pregnancy and Prevention Task Force. RAI also is part of a Maternal and Child Health Coalition with an inter-agency agreement among such agencies as the public health nurses, community health educators, the Indian Health Service, the county's department of health, and the local Healthy Start project.

A contract with the local WIC office will allow RAI to soon hire two on-site WIC workers.

GOVERNANCE

The executive director reports to a volunteer board of directors composed of three Native Americans. One of the directors is a former vice president of the Standing Rock Tribe and an expert in substance abuse treatment, counseling, and rehabilitation; one is an expert in housing, human services, and corrections; the other is a former day care manager. The Board meets six times a year. Its role is mostly advisory, although it also sets policy, but usually takes its lead from the community. The main qualification for board membership is a good reputation.

EVALUATION

RAI maintains a Teen Pregnancy Computerized Information System to collect and measure the effectiveness of Project Takoja. This data is examined by outside evaluators two times a year.

The last comparison data available, from fall 1992, indicates that Project Takoja clients have better health-related behavior during their pregnancies, compared to a group of pregnant teens at the Cheyenne River reservation. Project Takoja participants receive earlier prenatal care, and fewer of them smoke, drink, or use drugs.

The findings from the participant survey portion of this evaluation were overwhelming positive: about 85 percent of the participants reported increased feelings of self-esteem and 100 percent indicated that they would recommend Project Takoja to others.

In addition to this, all RAI program participants are engaged in a "quality assessment" after participating in the program for approximately four months.

REPLICATION

RAI knows of no efforts to replicate this program.

TRAINING AND TECHNICAL ASSISTANCE

RAI offers parenting education training at a rate of $125/day. In addition the Project Takoja teen parenting education curriculum is available through RAI for $60; the Project Titakuye Curriculum for Indian Parenting is also $60.

VAUGHN NEXT CENTURY LEARNING CENTER

13330 Vaughn Street
San Fernando, CA 91340

Yoland Trevino, Director

COMPONENTS

- **Counseling and support groups**
  Conducted in both Spanish and English including individual counseling, anti-gang counseling, psychological testing, and father education and support groups.
- **Literacy and ESL classes**
- **Medical and dental screening services and child immunizations**
- **Day-care and after-school care and recreation programs**
- **Al-Anon groups**
- **Parenting education classes called "Family Life Enhancement"**
- **Parent leadership training groups**
- **Integrated social and educational services for teenagers**
  Including a newly established youth center which provides job training and employment assistance as well as an art gallery.
- **Library program for children and parents**
- **Case management**
- **Legal and tax assistance**
- **"Working the System" assistance**
  Including information and referral.
- **Computer training, job training, and family day-care training**
- **Clothing and food pantries**
- **Healthy Start**

OVERVIEW

The Vaughn Next Century Learning Center is a school-based "one-stop shopping" initiative. Using two converted classrooms at Vaughn Elementary School, the Vaughn Center is the hub for delivering a comprehensive menu of health and social services to students and their families. The Center is one component of the FamilyCare Initiative, which is a collaboration among the Los Angeles Educational Partnership; United Way, Inc., North Angeles Region; and the Los Angeles Unified School District. In 1990, the Center was developed to demonstrate how the p[illegible] of integrated, school-linked health and social services coupled with quality early childhood programs can improve developmental and school outcomes for children while strengthening families and the community at large. After only three years in operation, the Vaughn Center has already had a substantial impact on the academic performance of students at Vaughn Elementary School. Since 1990, standardized test scores have improved by 153 percent.

It is important to note that community parents have played a significant role in the development of services and the governing of the Vaughn Center. Parents are the "heartbeat" of the program. They donate time, rather than money, and provide childcare, transportation, tutoring, gardening, painting, and school and community maintenance. In 1992 alone, 300 parents volunteered 5,000 hours to staff programs and assisted with the Vaughn Center's operations and governance.

The Vaughn Center is the result of the restructuring efforts underway in Los Angeles. The dramatic change in the Los Angeles area's demographics over the last ten years, the runaway cost of health and social services, and budget cuts have led to a rethinking of how human services are financed and delivered. Attention is being paid to blending funding streams, multi-agency collaboration and comprehensive/integrated services. Underlying this restructuring of human services is a paradigm shift for Los Angeles: agencies need to focus on outcomes and become customer driven versus provider driven. The Vaughn Center represents one of the first programs to implement this new paradigm within the FamilyCare Initiative.

The Vaughn Center is located on the campus of Vaughn Elementary School. The campus has several buildings and the Center is located in one of the smaller buildings. Although the Center's building is not very large, the staff has effectively maximized available space.

HISTORY

The Vaughn Center was established in April 1992. Before it opened, a community assessment was made, focusing primarily on the needs of families, rather than on the availability and quality of services in the community. This information was used to design the menu of services for the Center.

Regular town hall meetings are used to elicit feedback from community residents about the responsiveness of the Vaughn Center.

COMMUNITY AND PARTICIPANTS

The Vaughn Center is located in an extremely poor community that is racially mixed and densely populated. Forty percent of community residents live below poverty. Eighty-three percent of residents are Latino and 17 percent are African American.

All residents in Vaughn Elementary School's catchment area are part of the Center's target population. The Center is open to all community residents; there are no eligibility requirements for participation. Approximately 500 families participated in Vaughn's programs last year.

The majority of program participants, however, are Vaughn Elementary students and their families. These families are typically from many of the poor neighborhoods of Los Angeles. They live in overcrowded apartments, garages and even chicken coops. Most of the families have no health insurance. Almost all of the children start school with English-language deficiencies, and 40 percent drop out of school. A disproportionate number of program participants are Latino. Presently, however, the Center's staff is struggling to recruit and engage the African American students and their families.

Vaughn utilizes a variety of outreach strategies to inform parents of the program, including: town hall meetings, community potluck, evening events, announcements at the school's entrance, informal meetings with parents while they wait for children, and the school's monthly newsletter. Parent ambassadors recruit other parents and specific projects are advertised widely in an attempt to recruit new families to the program.

GOALS

- For children birth to five: full child development and school readiness
- For children six to 12: full youth development and strong academic achievement
- For families: effective caregivers, good problem-solving skills, economic stability, and decreased risk factors

- **In-home assistance**
- **School Readiness Network**
- **Child Health Disability Program**
- **Integration Service Team**
- **Workforce development/job training**

STAFF

1 Agency director, M.A. minimum	$52,000
3 Family advocates, paraprofessional	$21,000
5 Community liaisons, part-time, paraprofessional	$ 3,600
1 Social worker, M.A.	$52,000
1 Administrator, paraprofessional	$33,000

FUNDING

Annual budget: $350,000

Sources:
Healthy Start Initiative of California
Unified School District, City of Los Angeles
State Department of Human Services
Los Angeles County
National Endowment for the Arts
Irvine Foundation
County health department
Hewitt Funds
Nabisco Co.
U.S. Department of Agriculture

(Percentages not available at time of publication.)

In addition, the FamilyCare Initiative has several system goals to which the Vaughn Center contributes:

- Turn service system's focus to the prevention of problems
- Transform schools into places where children and their families can create dynamic hubs of community life and can gain access to health and social services
- Encourage culturally sensitive services that answer the needs of families living in the neighborhood
- Build a strong role for parents in the decision-making and operation of local programs
- Make funding more flexible so that community priorities can drive the budget process

PROGRAM IN ACTION

The Center is open all day, from early morning until early evening, Monday through Friday, and on some evenings and Saturdays for special events. The Center acts as a provider, host location, and broker of services for all children and families that live in the community, not just those who attend Vaughn Elementary School. Most of the services listed above are provided on site at the Center. About half of the services are provided by the Center's staff, and the remaining services are delivered by staff of other community agencies.

There is no formalized intake or assessment process for center participants. Parents may call or drop in at the Center. When an individual or a family comes to the Center for the first time, one of the staff people will talk with them about their needs and what the Center has to offer, making referrals and suggestions according to stated needs. When a family needs more intensive intervention, they become part of Vaughn's case management program, which involves assessing their needs and mutually determining a family action plan.

Parents work side by side with the Center's staff to create programs and services that are relevant to their needs and to solve problems as they are discovered. According to parents, the Center enjoys broad community support because it makes "families feel valued and respected." This feeling of respect and ownership has inspired parents to donate time to the Center, contributing childcare, transportation, tutoring, gardening, painting, and school and community maintenance and governance. These contributions are tracked by what the parents call the Service Exchange Bank. The Service Exchange Bank is entirely a volunteer effort and is coordinated by participants who want to "give back" to the center. It builds upon the conviction that parents have services of value that they are proud to offer.

Vaughn has formal service linkages with El Nedo Family Services, Hathaway Children's Services, and the Los Angeles County Department of Children's Services.

GOVERNANCE

The Vaughn Center is governed by an independent program commission. Half of the commission members are parents and half are service providers, both public and private (including the school as one of many service types). Parents work side-by-side with providers on all commission teams, adding their critical viewpoint as customers, their cultural awareness and their diversity to all dimensions of the demonstration project. Together, members of the commission make policy, determine program philosophy, and solve problems.

Because Vaughn Center's director and governing body are accountable to customers rather than to the institution of the school, they have the opportunity to create a new culture that can advocate for families and children more freely and operate outside the education-centered framework.

The director of the Vaughn Next Century Learning Center reports to the FamilyCare Initiative co-directors, who in turn are responsible to the Initiative's funders.

EVALUATION

A comprehensive evaluation, conducted by the Stanford Research Institute, is in place for the Vaughn Center as part of its participation in the state's Healthy Start Initiative.

REPLICATION

The Vaughn Center has begun working with five other schools, four elementary and one junior high, to replicate the program.

PROGRAM LISTING BY STATE

California
* Parent Services Project, Fairfax
Vaughn Next Century Learning Center, San Fernando

Colorado
Family Resource Schools, Denver

Connecticut
New Haven Family Alliance, Inc. New Haven

District of Columbia
The Family Place

Hawaii
Healthy Start

Illinois
Family Focus Inc., Chicago

Indiana
Kids Place/New Hope Services, Scottsburg

Kentucky
Family Resource and Youth Service Centers

Maryland
Family Support Centers

Michigan
Black Family Development, Inc., Detroit

Minnesota
Early Childhood Family Education

Missouri
Caring Communities Program, St. Louis
* Parents As Teachers

New Mexico
Family Development Program, Albuquerque
New Futures School, Albuquerque

New York
Center for Family Life in Sunset Park, Brooklyn
* Home Instruction Program for Preschool Youngsters (HIPPY), New York
Partners for Success, New York

Ohio
Cleveland Works, Cleveland
The National Institute for Responsible Fatherhood and Family Development, Cleveland

Oklahoma
Early Childhood Development and Parent Education Program

South Dakota
Rural America Initiatives, Rapid City

Tennessee
* Maternal Infant Health Outreach Worker (MIHOW) Project, Nashville

Texas
Avance Family Support and Education Program, San Antonio

*Denotes program headquarters. These programs have been replicated elsewhere in nation.

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